

33333	a Control number	<b>For Official Use Only</b> OMB No. 1545-0029						
<b>b Kind of Payer</b> (Check one) <input checked="" type="checkbox"/> 941 <input type="checkbox"/> CT-1		<input type="checkbox"/> Military <input type="checkbox"/> Hshld. emp.	<input type="checkbox"/> 943 <input type="checkbox"/> Medicare govt. emp.	<input type="checkbox"/> 944	<b>Kind of Employer</b> (Check one) <input checked="" type="checkbox"/> None apply <input type="checkbox"/> State/local non-501c	<input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local 501c	<input type="checkbox"/> Federal govt.	<input type="checkbox"/> Third-party sick pay (Check if applicable)
c Total number of Forms W-2 4		d Establishment number		1 Wages, tips, other compensation \$ 48592.47	2 Federal income tax withheld \$ 5377.20			
e Employer identification number (EIN) 13-2804148				3 Social security wages \$ 48592.47	4 Social security tax withheld \$ 3012.74			
f Employer's name VERATEX INC.				5 Medicare wages and tips \$ 48592.47	6 Medicare tax withheld \$ 704.59			
g Employer's address and ZIP code PO BOX 682 NEW YORK NY 10108				7 Social security tips \$	8 Allocated tips \$			
				9	10 Dependent care benefits \$			
				11 Nonqualified plans \$	12a Deferred compensation \$			
h Other EIN used this year				13 For third-party sick pay use only	12b			
15 State NY	Employer's state ID number		14 Income tax withheld by payer of third-party sick pay \$					
16 State wages, tips, etc. \$ 48592.47	17 State income tax \$ 1333.38		18 Local wages, tips, etc. \$ 2400.00	19 Local income tax \$				
Employer's contact person			Employer's telephone number		For Official Use only			
Employer's fax number			Employer's email address					

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER COPY ONLY**  
**DO NOT FILE THIS COPY WITH THE SSA**