

OMB# 1545-0008

COPY 2 - To Be Filed With
Employee's State, City, or
Local Income Tax Return

1 Wages, tips, other compensation
2796.00

2 Federal income tax withheld
89.00

3 Social security wages
2796.00

4 Social security tax withheld
173.35

5 Medicare wages and tips
2796.00

6 Medicare tax withheld
40.54

c Employer's name, address, and ZIP code
DELAWARE YOUTH CENTER, INC.
PO BOX 354
CALLICOON NY 12723

e Employee's name
HENRY V SIMON
71 TONJES RD
CALLICOON NY 12723

f Employee's address and ZIP code

9

12a

\$

b Employer identification number (EIN)
14-1401606

10 Dependent care benefits

12b

\$

7 Social security tips

11 Nonqualified plans

12c

\$

8 Allocated tips

14 Other

12d

\$

13 Statutory employee Retirement plan Third-party sick pay

12e

\$

15 State NY

Employer's state ID number
141401606 5

16 State wages, tips, etc.
2796.00

17 State income tax
78.07

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Form W-2 Wage and Tax Statement 2024 Department of the Treasury-Internal Revenue Service

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18 Local wages, tips, etc.

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20 Locality name

Form W-2 Wage and Tax Statement 2024 Department of the Treasury-Internal Revenue Service

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COPY B - To Be Filed With
Employee's FEDERAL Tax Return.

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PO BOX 354
CALLICOON NY 12723

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HENRY V SIMON
71 TONJES RD
CALLICOON NY 12723

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12a See instructions for box 12

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10 Dependent care benefits

12b

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OMB# 1545-0008

COPY C - For EMPLOYEE'S
RECORDS (See Notice to Employee
on the back of Copy B.)

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