

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

a Employee's social security number 669-30-1405

c Employer's name, address, and ZIP code  
DELAWARE YOUTH CENTER, INC.  
PO BOX 354  
CALLECOON NY 12723e Employee's name  
HENRY V SIMON  
71 TONJES RD  
CALLECOON 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 Retirement Third-party sick employee plan 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

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

This information is being furnished to the Internal Revenue Service.

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

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a copy of this information may be attached to it. It is your responsibility to determine if this income is taxable and you fail to report it.

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