

OMB# 1545-0008

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

1 Wages, tips, other compensation 2951.41		2 Federal income tax withheld 3.61	
3 Social security wages 2951.41		4 Social security tax withheld 182.99	
5 Medicare wages and tips 2951.41		6 Medicare tax withheld 42.80	
a Employee's social security number 669-30-1405			
c Employer's name, address, and ZIP code CALLICOON CREAMERY LLC PO BOX 15 4623 STATE ROUTE 17B CALLICOON NY 12723			
e Employee's name HENRY SIMON 71 TONJES ROAD CALLICOON NY 12723			
f Employee's address and ZIP code		9	12a
b Employer identification number (EIN) 81-1371684		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 t plan pay			12e
15 State NY	Employer's state ID number 811371684	16 State wages, tips, etc. 2951.41	17 State income tax 26.99
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2021** Department of the Treasury-Internal Revenue Service
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OMB# 1545-0008

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

1 Wages, tips, other compensation 2951.41		2 Federal income tax withheld 3.61	
3 Social security wages 2951.41		4 Social security tax withheld 182.99	
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a Employee's social security number 669-30-1405			
c Employer's name, address, and ZIP code CALLICOON CREAMERY LLC PO BOX 15 4623 STATE ROUTE 17B CALLICOON NY 12723			
e Employee's name HENRY SIMON 71 TONJES ROAD CALLICOON NY 12723			
f Employee's address and ZIP code		9	12a
b Employer identification number (EIN) 81-1371684		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 t plan pay			12e
15 State NY	Employer's state ID number 811371684	16 State wages, tips, etc. 2951.41	17 State income tax 26.99
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2021** Department of the Treasury-Internal Revenue Service

OMB# 1545-0008

**COPY B - To Be Filed With
Employee's FEDERAL Tax Return.**
This information is being furnished to
the Internal Revenue Service.

1 Wages, tips, other compensation 2951.41		2 Federal income tax withheld 3.61	
3 Social security wages 2951.41		4 Social security tax withheld 182.99	
5 Medicare wages and tips 2951.41		6 Medicare tax withheld 42.80	
a Employee's social security number 669-30-1405			
c Employer's name, address, and ZIP code CALLICOON CREAMERY LLC PO BOX 15 4623 STATE ROUTE 17B CALLICOON NY 12723			
e Employee's name HENRY SIMON 71 TONJES ROAD CALLICOON NY 12723			
f Employee's address and ZIP code		9	12a See instructions for box 12
b Employer identification number (EIN) 81-1371684		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 t plan pay			12e
15 State NY	Employer's state ID number 811371684	16 State wages, tips, etc. 2951.41	17 State income tax 26.99
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2021** Department of the Treasury-Internal Revenue Service
HENRY

OMB# 1545-0008

**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 negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1 Wages, tips, other compensation 2951.41		2 Federal income tax withheld 3.61	
3 Social security wages 2951.41		4 Social security tax withheld 182.99	
5 Medicare wages and tips 2951.41		6 Medicare tax withheld 42.80	
a Employee's social security number 669-30-1405			
c Employer's name, address, and ZIP code CALLICOON CREAMERY LLC PO BOX 15 4623 STATE ROUTE 17B CALLICOON NY 12723			
e Employee's name HENRY SIMON 71 TONJES ROAD CALLICOON NY 12723			
f Employee's address and ZIP code		9	12a See instructions for box 12
b Employer identification number (EIN) 81-1371684		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 t plan pay			12e
15 State NY	Employer's state ID number 811371684	16 State wages, tips, etc. 2951.41	17 State income tax 26.99
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2021** Department of the Treasury-Internal Revenue Service