OMB# 1545-0008

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

1 Wages, tips, other compensation	2 Federal income tax withheld
2796.00	89.00
3 Social security wages	4 Social security tax withheld
2796.00	173.35
5 Medicare wages and tips	6 Medicare tax withheld
2796.00	40.54

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

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	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
NY	141401606 5	2796.00	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

OMB# 1545-0008

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

1 Wages, tips, other compensation	2 Federal income tax withheld
2796.00	89.00
3 Social security wages	4 Social security tax withheld
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DELAWARE YOUTH CENTER, INC.
PO BOX 354
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HENRY V SIMON
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15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
NY	141401606 5	2796.00	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

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	2 Federal income tax withheld
2796.00	89.00
3 Social security wages	4 Social security tax withheld
2796.00	173.35
5 Medicare wages and tips	6 Medicare tax withheld
2796.00	40.54

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

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 See instructions for box 12

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	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
NY	141401606 5	2796.00	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

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	2 Federal income tax withheld
2796.00	89.00
3 Social security wages	4 Social security tax withheld
2796.00	173.35
5 Medicare wages and tips	6 Medicare tax withheld
2796.00	40.54

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

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 See instructions for box 12

b Employer identification number (EIN)
14-1401606

10 Dependent care benefits

12b

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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