

CORRECTED (if checked)

PAYER'S name, address, city, state or province, ZIP code, and telephone no. INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001		1 Rents \$ 175000.00	OMB No. 1545-0115 2020		Miscellaneous Income
		2 Royalties \$ 110250.00	Form 1099-MISC		
631-249-7744/SALES DEPT		3 Other income \$ 75500.00	4 Federal income tax withheld \$ 18750.00		Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S TIN 13-3249958	RECIPIENT'S TIN XXX-XX-0023	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name, address, city, state, country, ZIP or foreign postal code JOHN DOE 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input checked="" type="checkbox"/> \$	8 Substitute payments in lieu of dividends or interest \$		
		9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$		
		11	12 Section 409A deferrals \$		
Account number (see instructions) 345-235995-42KK40	FATCA filing requirement <input checked="" type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonqualified deferred compensation \$		
		15 State tax withheld \$ 17500.00	16 State/Payer's state no. NY/13-3249958		17 State income \$ 175000.00
		\$ 12200.00	NJ/8892556812		\$ 110250.00

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, address, city, state or province, ZIP code, and telephone no. INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001		1 Rents \$ 175000.00	OMB No. 1545-0115 2020		Miscellaneous Income
		2 Royalties \$ 110250.00	Form 1099-MISC		
631-249-7744/SALES DEPT		3 Other income \$ 75500.00	4 Federal income tax withheld \$ 18750.00		Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S TIN 13-3249958	RECIPIENT'S TIN XXX-XX-0023	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name, address, city, state, country, ZIP or foreign postal code JOHN DOE 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input checked="" type="checkbox"/> \$	8 Substitute payments in lieu of dividends or interest \$		
		9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$		
		11	12 Section 409A deferrals \$		
Account number (see instructions) 345-235995-42KK40	FATCA filing requirement <input checked="" type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonqualified deferred compensation \$		
		15 State tax withheld \$ 17500.00	16 State/Payer's state no. NY/13-3249958		17 State income \$ 175000.00
		\$ 12200.00	NJ/8892556812		\$ 110250.00

Form 1099-MISC

Department of the Treasury - Internal Revenue Service