

Copy B To Be Filed With Employee's Federal Tax Return		2020		OMB No. 1545-0008	
a Employee soc. sec. no. XXX-XX-0029	1 Wages, tips, other comp. 385000.00	2 Federal income tax withheld 102255.00			
b Employer ID no. (EIN) 13-3249958	3 Social security wages 100200.00	4 Social security tax withheld 8537.40			
	5 Medicare wages and tips 400000.00	6 Medicare tax withheld 7600.00			
c Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS D340299 ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001					
d Control number D923442842					
e Employee's name, address, and ZIP code JOHN M DOE JR 33 EAST 17 STREET STE 201 NEW YORK NY 10003-2005					
7 Social security tips 37500.00	8 Allocated tips 32000.00	9			
10 Dependent care benefits 9750.00	11 Nonqualified plans	12a Code See instr. for box 12 S 15000.00			
13 Statutory employee	14 Other AUTO EXP 4245.34	12b Code FF 52500.00			
Retirement plan X		12c Code DD 9340.00			
Third-party sick pay		12d Code			
NY 13-3249958 NJ 8892556812	325000.00 60000.25	63500.00 8750.56			
15 State Employer's State ID #	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc. 325000.00	19 Local income tax 19750.00	20 Locality name NYC			

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2020		OMB No. 1545-0008	
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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2020		OMB No. 1545-0008	
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