

d Control number D923442842		Form W-2 Wage and Tax Statement 2020 <small>This information is being furnished to the Internal Revenue Service</small>		1 Wages, tips, other compensation 385000.00	2 Federal income tax withheld 102255.00	3 Social security wages 100200.00
c Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001				4 Social security tax withheld 8537.40	5 Medicare wages and tips 400000.00	6 Medicare tax withheld 7600.00
				7 Social security tips 37500.00	8 Allocated tips 32000.00	9
				10 Dependent care benefits 9750.00	11 Nonqualified plans	12a Code S 15000.00
				13 Statutory employee	Retirement plan X	Third-party sick pay
e Employee's name, address, and ZIP code JOHN M DOE JR 33 EAST 17 STREET STE 201 NEW YORK NY 10003-2005				a Employee's social security no. XXX-XX-0029		12c Code DD 9340.00
				b Employer identification no. (EIN) 13-3249958		12d Code
				15 State NY	Employers state ID number 13-3249958	16 State wages, tips, etc. 325000.00
NJ		8892556812	60000.25	8750.56		

Copy B To Be Filed With EMPLOYEE'S Federal Tax Return

OMB No. 1545-0008

Dept. of the Treasury -- IRS

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

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