

a Employee's social security no. XXX-XX-0029		OMB No. 1545-0008		Copy B To Be Filed With Employee's FEDERAL Tax Return			
b Employer identification number (EIN) 13-3249958		1 Wages, tips, other compensation 385000.00		2 Federal income tax withheld 102255.00			
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		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			
		7 Social security tips 37500.00		8 Allocated tips 32000.00			
d Control number D923442842		9		10 Dependent care benefits 9750.00			
e Employee's first name, middle initial, last name and suffix JOHN M DOE JR 33 EAST 17 STREET STE 201 NEW YORK NY 10003-2005		11 Nonqualified plans		12a See instructions for box 12 S 15000.00			
		13 Statutory employee Retirement plan Third-party sick pay X		12b FF 52500.00			
		14 Other AUTO EXP 4245.34		12c DD 9340.00			
				12d			
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality	
NY	13-3249958	325000.00	63500.00	325000.00	19750.00	NYC	
NJ	8892556812	60000.25	8750.56				

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

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Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury - Internal Revenue Service
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.