

DO NOT CUT, FOLD, OR STAPLE THIS FORM

44444	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS, INC. DBA IDMS ACCOUNT ABILITY 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001		c Tax year/Form corrected 2015 / W-2	d Employee's correct SSN 123-45-6789
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) X	
		Complete boxes f and/or g only if incorrect on form previously filed ▶	
		f Employee's previously reported SSN 123-45-6780	
b Employer's Federal EIN 13-3212345		g Employee's previously reported name EMPLOYEE INCORRECT NAME	
		h Employee's first name and initial FIRST NAME	Last name LAST NAME
		i Employee's address and ZIP code	
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		EMPLOYEE STREET ADDRESS LINE 1 EMPLOYEE STREET ADDRESS LINE 2 EMPLOYEE STREET ADDRESS LINE 3 Suff JR	
Previously reported		Correct information	
1 Wages, tips, other compensation 99999999.98	1 Wages, tips, other compensation 99999999.99	2 Federal income tax withheld 99999999.98	2 Federal income tax withheld 99999999.99
3 Social security wages 99999999.98	3 Social security wages 99999999.99	4 Social security tax withheld 99999999.98	4 Social security tax withheld 99999999.99
5 Medicare wages and tips 99999999.98	5 Medicare wages and tips 99999999.99	6 Medicare tax withheld 99999999.98	6 Medicare tax withheld 99999999.99
7 Social security tips 99999999.98	7 Social security tips 99999999.99	8 Allocated tips 99999999.98	8 Allocated tips 99999999.99
9	9	10 Dependent care benefits 99999999.98	10 Dependent care benefits 99999999.99
11 Nonqualified plans 99999999.98	11 Nonqualified plans 99999999.99	12a See instructions for box 12 D 99999999.98	12a See instructions for box 12 H 99999999.99
13 Statutory employee X Retirement plan X Third-party sick pay X	13 Statutory employee X Retirement plan X Third-party sick pay X	12b E 99999999.98	12b I 99999999.99
14 Other (see instructions) UNION 123456.78 SUI 123456.78 SDI 123456.78	14 Other (see instructions) UNION 123456.79 SUI 123456.79 SDI 123456.79	12c F 99999999.98	12c J 99999999.99
		12d G 99999999.98	12d K 99999999.99
State Correction Information			
Previously reported		Correct information	
15 State NY	15 State NJ	15 State VT	15 State CT
Employer's state ID number NY STATE ID	Employer's state ID number NJ STATE ID	Employer's state ID number VT STATE ID	Employer's state ID number CT STATE ID
16 State wages, tips, etc. 99999999.98	16 State wages, tips, etc. 99999999.99	16 State wages, tips, etc. 99999999.98	16 State wages, tips, etc. 99999999.99
17 State income tax 99999999.98	17 State income tax 99999999.99	17 State income tax 99999999.98	17 State income tax 99999999.99
Locality Correction Information			
Previously reported		Correct information	
18 Local wages, tips, etc. 99999999.98	18 Local wages, tips, etc. 99999999.99	18 Local wages, tips, etc. 99999999.98	18 Local wages, tips, etc. 99999999.99
19 Local income tax 99999999.98	19 Local income tax 99999999.99	19 Local income tax 99999999.98	19 Local income tax 99999999.99
20 Locality name LOCAL 1	20 Locality name LOCAL 2	20 Locality name LOCAL 1	20 Locality name LOCAL 2

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A -- For Social Security Administration

Form **W-2c** (Rev. 8-2014)

Corrected Wage and Tax Statement

Department of the Treasury
Internal Revenue Service

0000/1107