









CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. INTEGRATED DATA MANAGEMENT SYSTEMS INC ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001		1 Rents \$ 125000.00	OMB No. 1545-0115 2017	Miscellaneous Income
631-249-7744/SALES DEPT		2 Royalties \$ 195000.00	Form 1099-MISC	
PAYER'S Federal identification number 13-3249958		RECIPIENT'S identification number XXX-XX-0029		Copy B For Recipient
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  JOHN DOE 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005		3 Other income \$ 25750.00	4 Federal income tax withheld \$ 45857.00	
Account number (see instructions) 409393828A2192		FATCA filing requirement <input checked="" type="checkbox"/>		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.
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	7 Nonemployee compensation \$ 145000.00	8 Substitute payments in lieu of dividends or interest \$ 0.00	
PAYER'S Federal identification number 13-3249958		RECIPIENT'S identification number XXX-XX-0029		Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  JOHN DOE 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ 0.00	10 Crop insurance proceeds \$ 0.00	
Account number (see instructions) 409393828A2192		FATCA filing requirement <input checked="" type="checkbox"/>		Form 1099-MISC
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	11	12	
PAYER'S Federal identification number 13-3249958		RECIPIENT'S identification number XXX-XX-0029		Department of the Treasury - Internal Revenue Service
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  JOHN DOE 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005		13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	
Account number (see instructions) 409393828A2192		FATCA filing requirement <input checked="" type="checkbox"/>		Form 1099-MISC
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 19850.00 \$ 12225.00	17 State/Payer's state no. NY/133249958 NJ/133249958001	
PAYER'S Federal identification number 13-3249958		RECIPIENT'S identification number XXX-XX-0029		Form 1099-MISC
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Department of the Treasury - Internal Revenue Service

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