

CORRECTED (if checked)

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|--|---------------------------------------|--|--|---|--|
| PAYER'S name, address, city, state or province, ZIP code, and telephone no. INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001 | | OMB No. 1545-0116 2020 Form 1099-NEC | | Nonemployee Compensation | |
| 631-249-7744/SALES DEPT | | 1 Nonemployee compensation \$ 1545403.00 | | Copy B For Recipient 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. | |
| PAYER'S TIN 13-3249958 | RECIPIENT'S TIN 102-11-0023 | 2 | | | |
| RECIPIENT'S name, address, city, state, country, ZIP or foreign postal code JOHN DOE 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005 | | 3 | | | |
| | | 4 Federal income tax withheld \$ 370896.83 | | | |
| | | FATCA filing requirement <input type="checkbox"/> | | | |
| Account number (see instructions) 234982392L1130JD | | 5 State tax withheld \$ 154000.00 \$ 72500.00 | 6 State/Payer's state no. NY/13-3249958 NJ/8892556812 | 7 State income \$ 975000.00 \$ 570403.00 | |

Form 1099-NEC

(keep for your records)

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

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| 631-249-7744/SALES DEPT | | 1 Nonemployee compensation \$ 1545403.00 | | Copy 2 To be filed with recipient's state income tax return, when required. | |
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