

Form 1099-R <input type="checkbox"/> CORRECTED (if checked) OMB No. 1545-0119 2016		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
1 Gross distribution 675000.00	2a Taxable amount 425000.00		
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>		
PAYER'S Federal ID number 13-3249958	RECIPIENT'S ID number 102-11-0029		
PAYER'S name, street address, city, state, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS INC ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001			
Account number (see instructions) K11199394G33919184	11 1st year of desig. Roth contrib.	FATCA filing requirement: <input checked="" type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code JOHN DOE 33 EAST 17 STREET # 2101 NEW YORK NY 10003			
3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contrib./Desig. Roth contrib. or insurance premiums	
6 Net unrealized appreciation in employer's securities	7 Distribution code 7K	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other 9250.00 % 25
9a Your percentage of total distribution %	9b Total employee contrib.	10 Amount allocable to IRR within 5 years	
12 State tax withheld 76500.00 42500.00	13 State/Payer's state no. NY/133249958 NJ/133249938001	14 State distribution 375000.00 300000.00	
15 Local tax withheld 28750.00	16 Name of locality NYC	17 Local distribution 175000.00	

Copy C For Recipient's Records

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Internal Revenue Service

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Copy B If this form shows Federal income tax withheld in Box 4, attach this copy to your Federal tax return.

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Copy 2 File this copy with your state, city, or local income tax return, when required.

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**INTEGRATED DATA MANAGEMENT SYSTEMS INC
ACCOUNT ABILITY COMPLIANCE SOFTWARE
555 BROADHOLLOW ROAD SUITE 273
MELVILLE NY 11747-5001**

**FIRST-CLASS MAIL
U.S. POSTAGE
PAID
MELVILLE, NEW YORK
PERMIT NO. 123456**

**JOHN DOE
33 EAST 17 STREET # 2101
NEW YORK NY 10003**