

Copy B To Be Filed With Employee's Federal Tax Return			2019			OMB No. 1545-0008		
a Employee soc. sec. no. <b>102-11-0029</b>	1 Wages, tips, other comp. <b>385000.00</b>	2 Federal income tax withheld <b>102255.00</b>	3 Social security wages <b>95400.00</b>	4 Social security tax withheld <b>8239.80</b>	5 Medicare wages and tips <b>400000.00</b>	6 Medicare tax withheld <b>7600.00</b>		
b Employer ID no. (EIN) <b>13-3249958</b>								
c Employer's name, address, and ZIP code <b>INTEGRATED DATA MANAGEMENT SYSTEMS D340299 ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001</b>								
d Control number <b>D923442842</b>								
e Employee's name, address, and ZIP code <b>JOHN M DOE JR 33 EAST 17 STREET STE 2101 NEW YORK NY 10003-2005</b>								
7 Social security tips <b>37500.00</b>	8 Allocated tips <b>32000.00</b>	9	10 Dependent care benefits <b>9750.00</b>	11 Nonqualified plans <b>11000.00</b>	12a Code See instr. for box 12 <b>S 15000.00</b>			
13 Statutory employee <b>X</b>	14 Other <b>AUTO 4245.34</b>		12b Code <b>FF 52500.00</b>					
Retirement plan <b>X</b>	<b>NYSD 31.20</b>		12c Code <b>DD 9340.00</b>					
Third-party sick pay <b>X</b>	<b>MEALS 1750.00</b>		12d Code <b>HH 15000.00</b>					
PA 12345678 GA 123456700	<b>325000.00</b>		<b>63500.00</b>					
15 State Employer's State ID #	16 State wages, tips, etc. <b>60000.00</b>	17 State income tax <b>8750.00</b>						
18 Local wages, tips, etc. <b>300000.00</b> <b>210000.00</b>	19 Local income tax <b>19750.00</b> <b>20000.00</b>	20 Locality name <b>LOCAL</b> <b>NEWARK</b>						

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

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)			2019			OMB No. 1545-0008		
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