d Control number Form W-2 Wage and Tax Statement 2019			1 Wages, tips, other compensation			2 Federal income tax withheld		3 Social security wages				
D923442842 This information is being furnished to the Internal Revenue Service			385000.00			102255.00		95400.00				
c Employ	c Employer's name, address, and ZIP code				4 Social security tax withheld			5 Medicare wages and tips		6 Medicare tax withheld		
INTE	INTEGRATED DATA MANAGEMENT SYSTEMS				8239.80			400000.00		7600.00		
ACCOUNT ABILITY COMPLIANCE SOFTWARE				7	7 Social security tips			8 Allocated tips		9		
555	555 BROADHOLLOW ROAD SUITE 273					375	00.0	00	32000.00			
MELV	MELVILLE NY 11747-5001			10	10 Dependent care benefits			11 Nonqualified plans		12a Code		
						9750.00 11000.00			000.00	S	15000.00	
e Employ	e Employee's name, address, and ZIP code			13		Retirement	Third-		14 Other		12b Code	
лони	M DOE	JR				employee plan sick pay AUTO 4245.34		34	FF	52500.00		
					X	X	X	•	WCD 31 00		12c Code	
	_	Y 10003-2005		a	a Employee's social security no.			NYSD 31.20		DD	9340.00	
21211		1 10003 1003		ļ.	102-11-0029 MEALS 1750.00				.00	12d Code		
				D	b Employer identification no. (EIN)			1)			HH	15000.00
			<u> </u>	13-3249958								
15 State	, , , , , , , , , , , , , , , , , , , ,		17			8 Loc	ocal wages, tips, etc. 19 Local inco			20 Locality name		
PA	PA 12345678 325000.00		ļ	63500.00			300000.00 197		50.00	LOCAL		
GA	12345	56700	60000.00	8750.00		0		210000.00	200	00.00	NEWARK	

Copy B To Be Filed With EMPLOYEE'S Federal Tax Return

OMB No. 1545-0008

Dept. of the Treasury -- IRS

d Control	number _		1 Wages, tip	s, other comp	ensation	2 Federal income ta	x withheld	3 Social se	ecurity wages
D9234	923442842 Form W-2 Wage and Tax Statement 2019		385000.00			102	255.00	95400.00	
c Employer's name, address, and ZIP code				4 Social security tax withheld			nd tips	6 Medicare tax withheld	
INTEGRATED DATA MANAGEMENT SYSTEMS				8239.80			000.00	7600.00	
ACCO	UNT ABILITY COMPLIA	NCE SOFTWARE	7 Social security tips			8 Allocated tips		9	
555 BROADHOLLOW ROAD SUITE 273				37500.00 3200					
MELVILLE NY 11747-5001				10 Dependent care benefits			11 Nonqualified plans		i
				97	50.00	11	.000.00	S	15000.00
e Employee's name, address, and ZIP code			13 Statutory employee		Third-party	14 Other		12b Code	1
JOHN	JOHN M DOE JR			plan	sick pay	AUTO 4245.	34	FF	52500.00
33 E				X X X			WCD 21 00		ı
	YORK NY 10003-2005		102-11-0029			NYSD 31.20		DD	9340.00
-11-11	10140 111 10000 2000					MEALS 1750	.00	12d Code	I
		b Employer identification no. (EIN)					HH	15000.00	
				-324995					
15 State	Employers state ID number	16 State wages, tips, etc.	1		cal wages, tips, etc. 19 Local inco			20 Locality name	
PA 12345678 325000.00		63500.00		300000.00 197		50.00	LOCAL		
GA	123456700	60000.00	8750.0		0	210000.00	200	00.00	NEWARK

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury -- IRS

d Control number D923442842 Form W-2 Wage and Tax Statement 2019			1 Wages, tips, other compensation			2 Federal income ta	x withheld	3 Social security wages		
				3850	00.00	102	255.00	95400.00		
c Employer's name, address, and ZIP code				4 Social security tax withheld			and tips	6 Medicare	6 Medicare tax withheld	
INTEGRATED DATA MANAGEMENT SYSTEMS				82	39.80	400	00.000	7600.00		
ACCOUNT ABILITY COMPLIANCE SOFTWARE				urity tips		8 Allocated tips		9		
555 BROADHOLLOW ROAD SUITE 273				375	00.00	32	2000.00			
MELVILLE NY 11747-5001				10 Dependent care benefits			ns	12a Code	ı	
			97	9750.00 11000.00				15000.00		
e Employee's name, address, and ZIP code			13 Statutory employee	Retirement	Third-party	14 Other		12b Code	I	
JOHN	JOHN M DOE JR			plan	sick pay	AUTO 4245.	34	FF	52500.00	
				X	X		_	12c Code	I	
	YORK NY 10003-2005			a Employee's social security no. NYSD 31.20				DD	9340.00	
	1014t N1 10005 2005		102-11-0029			MEALS 1750	.00	12d Code	1	
		b Employer identification no. (EIN)					HH	15000.00		
			13-3249958							
15 State	Employers state ID number	16 State wages, tips, etc.	17 State income tax		1	cal wages, tips, etc.	19 Local income tax		20 Locality name	
PA	PA 12345678 325000.00			63500.00		300000.00 197		50.00	LOCAL	
GA	GA 123456700 60000.00		8750.00		0	210000.00		00.00	NEWARK	

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury -- IRS

d Control number Form W-2 Wage and Tax Statement 2019			1 Wages, tips, other compensation			2 Federal income tax	2 Federal income tax withheld		3 Social security wages	
D923442842 This information is being furnished to the Internal Revenue Service			385000.00			102	102255.00		95400.00	
c Employer's name, address, and ZIP code				urity tax withh	eld	5 Medicare wages a	5 Medicare wages and tips		6 Medicare tax withheld	
INTEGRATED DATA MANAGEMENT SYSTEMS				82	39.80	400000.00		7600.00		
ACCOUNT ABILITY COMPLIANCE SOFTWARE			7 Social sec	urity tips		8 Allocated tips	8 Allocated tips			
555 E	555 BROADHOLLOW ROAD SUITE 273			375	00.00	32	32000.00			
MELVILLE NY 11747-5001			10 Depende	10 Dependent care benefits				12a Code		
				9750.00 110				S	15000.00	
e Employe	e Employee's name, address, and ZIP code			Retirement	Third-party	y 14 Other	14 Other			
лони	JOHN M DOE JR			plan	sick pay	AUTO 4245.	34	FF	52500.00	
				X	X			12c Code		
	ORK NY 10003-2005			a Employee's social security no. NYSD 31.20				DD	9340.00	
	10141 111 10003 1003			102-11-0029 MEALS 1750.00				12d Code		
				identification r				HH	15000.00	
		13-3249958			1					
	, , , , , , , , , , , , , , , , , , , ,				ocal wages, tips, etc. 19 Local inco			20 Locality name		
PA	PA 12345678 325000.00			63500.00		300000.00 197		50.00	LOCAL	
GA	GA 123456700 60000.00		8750.00			210000.00	210000.00 2000		NEWARK	