

d Control number D943882128		Form W-2 Wage and Tax Statement 2016 This information is being furnished to the Internal Revenue Service		1 Wages, tips, other compensation 327500.00	2 Federal income tax withheld 98250.00	3 Social security wages 81000.00			
c Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS INC ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001				4 Social security tax withheld 7347.00	5 Medicare wages and tips 342500.00	6 Medicare tax withheld 6248.75			
				7 Social security tips 37500.00	8 Allocated tips 32000.00				
				10 Dependent care benefits 8750.00	11 Nonqualified plans	12a Code S	15000.00		
e Employee's name, address, and ZIP code JOHN M DOE JR 33 EAST 17 STREET # 2101 NEW YORK NY 10003-2005				13 Statutory employee	Retirement plan X	Third-party sick pay	14 Other AUTO 12500.00		
				a Employee's social security no. 102-11-0029			NYSD 31.20	12b Code V	48500.00
				b Employer identification no. (EIN) 13-3249958				12c Code DD	8240.00
15 State NY	Employers state ID number 133249958	16 State wages, tips, etc. 300500.00	17 State income tax 62500.00	18 Local wages, tips, etc. 300500.00	19 Local income tax 18525.00	20 Locality name NYC			
NJ		133249938001	27500.00	1250.00					

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

OMB No. 1545-0008

Dept. of the Treasury -- IRS

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

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