

22222		Void <input type="checkbox"/>	a Employee's social security number 102-11-0029	For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number 13-3249958			1 Wages, tips, other compensation 385000.00		2 Federal income tax withheld 102255.00		
c Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001			3 Social security wages 95400.00		4 Social security tax withheld 8239.80		
			5 Medicare wages and tips 400000.00		6 Medicare tax withheld 7600.00		
			7 Social security tips 37500.00		8 Allocated tips 32000.00		
d Control number D923442842			9		10 Dependent care benefits 9750.00		
e Employee's first name and initial JOHN M		Last name DOE	Suff JR	11 Nonqualified plans 11000.00		12a See instructions for box 12 S 15000.00	
f Employee's address and ZIP code 33 EAST 17 STREET STE 2101 NEW YORK NY 10003-2005			13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>	12b FF 52500.00			
			14 Other AUTO 4245.34 NYS 31.20 MEALS 1750.00		12c DD 9340.00		
					12d HH 15000.00		
15 State Employer's state ID number PA 12345678		16 State wages, tips, etc. 325000.00	17 State income tax 63500.00	18 Local wages, tips, etc. 300000.00	19 Local income tax 19750.00	20 Locality name LOCAL	
GA 123456700		60000.00	8750.00	210000.00	20000.00	NEWARK	

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

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

2019
0000/1107

Department of the Treasury - Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>	a Employee's social security number	For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial		Last name	Suff	11 Nonqualified plans		12a See instructions for box 12	
f Employee's address and ZIP code			13 Statutory employee Retirement plan Third-party sick pay	12b			
			14 Other		12c		
					12d		
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

2019
0000/1107

Department of the Treasury - Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.