

CORRECTED (if checked)

PAYER'S name, street address, city or town, state, ZIP code, and telephone no. <b>INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001</b>		OMB No. 1545-0116 <b>2021</b> Form <b>1099-NEC</b>		<b>Nonemployee Compensation</b>	
<b>631-249-7744/SALES DEPT</b>		1 Nonemployee compensation <b>\$ 8374000.00</b>		<b>Copy B For Recipient</b> This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
PAYER'S TIN <b>13-3249958</b>	RECIPIENT'S TIN <b>102-11-0023</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>			
RECIPIENT'S name, street address, city or town, state, and ZIP code <b>JOHN DOE C/O THE CENTURY BUILDING 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005</b>		3			
		4 Federal income tax withheld <b>\$ 2400000.00</b>			
		5 State tax withheld <b>\$ 43500.00</b>	6 State/Payer's state no. <b>NY/13-3249958</b>	7 State income <b>\$ 5124500.00</b>	
Account number (see instructions) <b>43D3218283-32919AEJD</b>		5 State tax withheld <b>\$ 85509.00</b>	6 State/Payer's state no. <b>NJ/129255681001</b>	7 State income <b>\$ 3250000.00</b>	
<b>Form 1099-NEC</b>		(Keep for your records)		Department of the Treasury - Internal Revenue Service	

VOID  CORRECTED

PAYER'S name, street address, city or town, state, ZIP code, and telephone no. <b>INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001</b>		OMB No. 1545-0116 <b>2021</b> Form <b>1099-NEC</b>		<b>Nonemployee Compensation</b>	
<b>631-249-7744/SALES DEPT</b>		1 Nonemployee compensation <b>\$ 8374000.00</b>		<b>Copy 2</b> <b>To be filed with recipient's state income tax return, when required.</b>	
PAYER'S TIN <b>13-3249958</b>	RECIPIENT'S TIN <b>102-11-0023</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>			
RECIPIENT'S name, street address, city or town, state, and ZIP code <b>JOHN DOE C/O THE CENTURY BUILDING 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005</b>		3			
		4 Federal income tax withheld <b>\$ 2400000.00</b>			
		5 State tax withheld <b>\$ 43500.00</b>	6 State/Payer's state no. <b>NY/13-3249958</b>	7 State income <b>\$ 5124500.00</b>	
Account number (see instructions) <b>43D3218283-32919AEJD</b>		5 State tax withheld <b>\$ 85509.00</b>	6 State/Payer's state no. <b>NJ/129255681001</b>	7 State income <b>\$ 3250000.00</b>	
<b>Form 1099-NEC</b>		Department of the Treasury - Internal Revenue Service			

VOID  CORRECTED

PAYER'S name, street address, city or town, state, ZIP code, and telephone no. <b>INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001</b>		OMB No. 1545-0116 <b>2021</b> Form <b>1099-NEC</b>		<b>Nonemployee Compensation</b>	
<b>631-249-7744/SALES DEPT</b>		1 Nonemployee compensation <b>\$ 8374000.00</b>		<b>State Copy or Extra File Copy</b>	
PAYER'S TIN <b>13-3249958</b>	RECIPIENT'S TIN <b>102-11-0023</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>			
RECIPIENT'S name, street address, city or town, state, and ZIP code <b>JOHN DOE C/O THE CENTURY BUILDING 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005</b>		3			
		4 Federal income tax withheld <b>\$ 2400000.00</b>			
		5 State tax withheld <b>\$ 43500.00</b>	6 State/Payer's state no. <b>NY/13-3249958</b>	7 State income <b>\$ 5124500.00</b>	
Account number (see instructions) <b>43D3218283-32919AEJD</b>		5 State tax withheld <b>\$ 85509.00</b>	6 State/Payer's state no. <b>NJ/129255681001</b>	7 State income <b>\$ 3250000.00</b>	
<b>Form 1099-NEC</b>		Department of the Treasury - Internal Revenue Service			