

a Employee's social security no. 102-11-0029		OMB No. 1545-0008		Copy B To Be Filed With Employee's FEDERAL Tax Return				
b Employer identification number (EIN) 13-3249958				1 Wages, tips, other compensation 327500.00	2 Federal income tax withheld 98250.00			
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				3 Social security wages 81000.00	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			
d Control number D943882128					10 Dependent care benefits 8750.00			
e Employee's first name and initial JOHN M		Last name DOE	Suff JR	11 Nonqualified plans		12a See instructions for box 12 S 15000.00		
f Employee's address and ZIP code 33 EAST 17 STREET # 2101 NEW YORK NY 10003-2005				13 Statutory employee Retirement plan Third-party sick pay X	12b V 48500.00			
				14 Other AUTO 12500.00 NYS 31.20		12c DD 8240.00		
						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		
NY	133249958	300500.00	62500.00	300500.00	18525.00	NYC		
NJ	133249938001	27500.00	1250.00					

Form **W-2 Wage and Tax Statement 2016**

Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

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Form **W-2 Wage and Tax Statement 2016**

Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.