

<b>44444</b>		For Official Use Only ▶ OMB No. 1545-0008							
a Employer's name, address, and ZIP code  <b>INTEGRATED DATA MANAGEMENT SYSTEMS, INC.</b> <b>DBA IDMS ACCOUNT ABILITY</b> <b>555 BROADHOLLOW ROAD</b> <b>SUITE 273</b> <b>MELVILLE NY 11747-5001</b>				c Tax year/Form corrected <b>2015 / W-2</b>		d Employee's correct SSN <b>123-45-6789</b>			
				e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <b>X</b>					
				Complete boxes f and/or g only if incorrect on form previously filed ▶					
				f Employee's previously reported SSN <b>123-45-6780</b>					
b Employer's Federal EIN <b>13-3212345</b>				g Employee's previously reported name <b>EMPLOYEE INCORRECT NAME</b>					
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).				h Employee's first name and initial <b>FIRST NAME</b>		Last name <b>LAST NAME</b>	Suff <b>JR</b>		
				<b>EMPLOYEE STREET ADDRESS LINE 1</b> <b>EMPLOYEE STREET ADDRESS LINE 2</b> <b>EMPLOYEE STREET ADDRESS LINE 3</b>					
i Employee's address and ZIP code									
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
1 Wages, tips, other compensation <b>99999999.98</b>		1 Wages, tips, other compensation <b>99999999.99</b>		2 Federal income tax withheld <b>99999999.98</b>		2 Federal income tax withheld <b>99999999.99</b>			
3 Social security wages <b>99999999.98</b>		3 Social security wages <b>99999999.99</b>		4 Social security tax withheld <b>99999999.98</b>		4 Social security tax withheld <b>99999999.99</b>			
5 Medicare wages and tips <b>99999999.98</b>		5 Medicare wages and tips <b>99999999.99</b>		6 Medicare tax withheld <b>99999999.98</b>		6 Medicare tax withheld <b>99999999.99</b>			
7 Social security tips <b>99999999.98</b>		7 Social security tips <b>99999999.99</b>		8 Allocated tips <b>99999999.98</b>		8 Allocated tips <b>99999999.99</b>			
9		9		10 Dependent care benefits <b>99999999.98</b>		10 Dependent care benefits <b>99999999.99</b>			
11 Nonqualified plans <b>99999999.98</b>		11 Nonqualified plans <b>99999999.99</b>		12a See instructions for box 12 <b>D</b>   <b>99999999.98</b>		12a See instructions for box 12 <b>H</b>   <b>99999999.99</b>			
13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>		13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>		12b <b>E</b>   <b>99999999.98</b>		12b <b>I</b>   <b>99999999.99</b>			
14 Other (see instructions) <b>UNION 123456.78</b> <b>SUI 123456.78</b> <b>SDI 123456.78</b>		14 Other (see instructions) <b>UNION 123456.79</b> <b>SUI 123456.79</b> <b>SDI 123456.79</b>		12c <b>F</b>   <b>99999999.98</b>		12c <b>J</b>   <b>99999999.99</b>			
				12d <b>G</b>   <b>99999999.98</b>		12d <b>K</b>   <b>99999999.99</b>			
<b>State Correction Information</b>									
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
15 State <b>NY</b>		15 State <b>NJ</b>		15 State <b>VT</b>		15 State <b>CT</b>			
Employer's state ID number <b>NY STATE ID</b>		Employer's state ID number <b>NJ STATE ID</b>		Employer's state ID number <b>VT STATE ID</b>		Employer's state ID number <b>CT STATE ID</b>			
16 State wages, tips, etc. <b>99999999.98</b>		16 State wages, tips, etc. <b>99999999.99</b>		16 State wages, tips, etc. <b>99999999.98</b>		16 State wages, tips, etc. <b>99999999.99</b>			
17 State income tax <b>99999999.98</b>		17 State income tax <b>99999999.99</b>		17 State income tax <b>99999999.98</b>		17 State income tax <b>99999999.99</b>			
<b>Locality Correction Information</b>									
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
18 Local wages, tips, etc. <b>99999999.98</b>		18 Local wages, tips, etc. <b>99999999.99</b>		18 Local wages, tips, etc. <b>99999999.98</b>		18 Local wages, tips, etc. <b>99999999.99</b>			
19 Local income tax <b>99999999.98</b>		19 Local income tax <b>99999999.99</b>		19 Local income tax <b>99999999.98</b>		19 Local income tax <b>99999999.99</b>			
20 Locality name <b>LOCAL 1</b>		20 Locality name <b>LOCAL 2</b>		20 Locality name <b>LOCAL 1</b>		20 Locality name <b>LOCAL 2</b>			

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

Copy A -- For Social Security Administration

Form **W-2c** (Rev. 12-2019)

**Corrected Wage and Tax Statement**

Department of the Treasury  
Internal Revenue Service

**0000/1107**