

3232

 VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code INTEGRATED DATA MANAGEMENT SYSTEMS INC ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001	1 Reportable winnings	2 Date won	OMB No. 1545-0238 2017 Form W-2G Certain Gambling Winnings
	\$ 295000.00	06/14/2017	
	3 Type of wager	4 Federal income tax withheld	
	Slots 10.00	\$ 58250.00	
	5 Transaction	6 Race	
	SN-493827739455		
	7 Winnings from ident. wagers	8 Cashier	
	\$ 175000.00	LSK	
PAYER'S Federal ID number	PAYER'S telephone number	9 Winner's taxpayer ID number	10 Window
13-3249958	631-249-7744	102-11-0029	
WINNER'S name		11 First I.D.	12 Second I.D.
JOHN DOE		J49482739505428	PHOTO ID
Street address (including apt. no.)		13 State/Payer's state ID number	14 State winnings
33 EAST 17 STREET UNIT 2101		NY 133249958	\$ 295000.00
City or town, province or state, country, and ZIP or foreign postal code		15 State income tax withheld	16 Local winnings
NEW YORK NY 10003-2005		\$ 22500.00	\$ 295000.00
		17 Local income tax withheld	18 Name of locality
		\$ 12250.00	NYC
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.			
Signature ►		Date ►	

Form W-2G

Department of the Treasury - Internal Revenue Service

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		\$	\$
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