

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2021		OMB No. 1545-0008
a Employee soc. sec. no. XXX-XX-0029	1 Wages, tips, other comp. 385000.00	2 Federal income tax withheld 102255.00		
b Employer ID no. (EIN) 13-3249958	3 Social security wages 105300.00	4 Social security tax withheld 8853.60		
	5 Medicare wages and tips 400000.00	6 Medicare tax withheld 7600.00		
c Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS D340299 ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001				
d Control number D923442842				
e Employee's name, address, and ZIP code JOHN M DOE JR 33 EAST 17 STREET STE 201 NEW YORK NY 10003-2005				
7 Social security tips 37500.00	8 Allocated tips 32000.00	9		
10 Dependent care benefits 9750.00	11 Nonqualified plans	12a Code S	15000.00	
13 Statutory employee X	14 Other AUTO EXP 4245.34	12b Code FF	52500.00	
Retirement plan X		12c Code DD	9340.00	
Third-party sick pay X		12d Code		
NY 13-3249958 325000.00		63500.00		
NJ 129255681001 60000.25	8750.56			
15 State Employer's State ID #	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc. 325000.00	19 Local income tax 19750.00	20 Locality name NYC		

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

This information is being furnished to the IRS.

Copy B To Be Filed With Employee's Federal Tax Return		2021		OMB No. 1545-0008
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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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Dept. of the Treasury - IRS

**INTEGRATED DATA MANAGEMENT SYSTEMS
ACCOUNT ABILITY COMPLIANCE SOFTWARE
555 BROADHOLLOW ROAD SUITE 273
MELVILLE NY 11747-5001**

**FIRST-CLASS MAIL
U.S. POSTAGE
PAID
MELVILLE, NEW YORK
PERMIT NO. 123456**

ADDRESS SERVICE REQUESTED

**JOHN M DOE JR
33 EAST 17 STREET STE 201
NEW YORK NY 10003-2005**

**D923442842
D340299**

