

22222		Void <input type="checkbox"/>	a Employee's social security number 102-11-0029	For Official Use Only ► OMB No. 1545-0008		
b Employer identification number 13-3249958			1 Wages, tips, other compensation 385000.00		2 Federal income tax withheld 102255.00	
c Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001			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	
			7 Social security tips 37500.00		8 Allocated tips 32000.00	
d Control number D923442842			9		10 Dependent care benefits 9750.00	
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 STE 201 NEW YORK NY 10003-2005			13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>	12b FF 52500.00		
			14 Other AUTO EXP 4245.34	12c DD 9340.00		
				12d		
15 State NY	Employer's state ID number 13-3249958	16 State wages, tips, etc. 325000.00	17 State income tax 63500.00	18 Local wages, tips, etc. 325000.00	19 Local income tax 19750.00	20 Locality name NYC
NJ	129255681001	60000.25	8750.56			

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

2021
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Department of the Treasury - Internal Revenue Service

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22222		Void <input type="checkbox"/>	a Employee's social security number	For Official Use Only ► OMB No. 1545-0008		
b Employer identification number			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial		Last name	Suff	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code			13 Statutory employee Retirement plan Third-party sick pay	12b		
			14 Other	12c		
				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

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

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