


CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. IDMS - ACCOUNT ABILITY DBA IDMS 560 Broadhollow Road Suite 109 Melville, NY 11747-3702 631-249-7744/Ron Randazzo		1 Rents \$	OMB No. 1545-0115 2007 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
PAYER'S Federal identification number 13-3261525		RECIPIENT'S identification number 123-45-6789		Copy B For Recipient
RECIPIENT'S name, street address, city, state, and ZIP code Recipient Name Line 1 Recipient Name Line 2 Apt/Suite 22A Recipient Address Line 1 Recipient Address Line 2 Recipient City, NY 12345-1234 		3 Other income \$ 50000.00	4 Federal income tax withheld \$	
Account number (see instructions) ACCOUNT NUMBER		5 Fishing boat proceeds \$	6 Medical and health care payments \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
15a Section 409A deferrals \$	15b Section 409A income \$	7 Nonemployee compensation \$ 125000.00	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		16 State tax withheld \$ 3500.00	17 State/Payer's state no. NY/NY STATE ID NJ/NJ STATE ID	18 State income \$ 125000.00 \$ 50000.00

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. IDMS - ACCOUNT ABILITY DBA IDMS 560 Broadhollow Road Suite 109 Melville, NY 11747-3702 631-249-7744/Ron Randazzo		1 Rents \$	OMB No. 1545-0115 2007 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
PAYER'S Federal identification number 13-3261525		RECIPIENT'S identification number 123-45-6789		Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S name, street address, city, state, and ZIP code Recipient Name Line 1 Recipient Name Line 2 Apt/Suite 22A Recipient Address Line 1 Recipient Address Line 2 Recipient City, NY 12345-1234		3 Other income \$ 50000.00	4 Federal income tax withheld \$	
Account number (see instructions) ACCOUNT NUMBER		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
15a Section 409A deferrals \$	15b Section 409A income \$	7 Nonemployee compensation \$ 125000.00	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		16 State tax withheld \$ 3500.00	17 State/Payer's state no. NY/NY STATE ID NJ/NJ STATE ID	18 State income \$ 125000.00 \$ 50000.00

Form 1099-MISC

Department of the Treasury - Internal Revenue Service