

Copy B To Be Filed With Employee's Federal Tax Return		2007		OMB No. 1545-0008
a Employee soc. sec. no. <b>109-30-0293</b>	1 Wages, tips, other comp. <b>250000.00</b>	2 Federal income tax withheld <b>28500.00</b>		
b Employer ID no. (EIN) <b>13-3261525</b>	3 Social security wages <b>97500.00</b>	4 Social security tax withheld <b>6045.00</b>		
	5 Medicare wages and tips <b>262500.00</b>	6 Medicare tax withheld <b>3806.25</b>		
c Employer's name, address, and ZIP code <b>IDMS - ACCOUNT ABILITY DBA IDMS 560 BROADHOLLOW ROAD SUITE 109 MELVILLE, NY 11747-3702</b>				
d Control number <b>CONTROL NO</b>				
e Employee's name, address, and ZIP code <b>FIRST NAME M LAST NAME JR STREET ADDRESS LINE 1 STREET ADDRESS LINE 2 EMPLOYEE CITY, NY 10039-1234</b> REISSUED STATEMENT				
7 Social security tips		8 Allocated tips		9 Advance EIC payment
10 Dependent care benefits		11 Nonqualified plans		12a Code See instr. for box 12 <b>S 12500.00</b>
13 Statutory employee	14 Other <b>NYSD 31.20</b>		12b Code	
Retirement plan <b>X</b>			12c Code	
Third-party sick pay			12d Code	
<b>NY</b> NY STATE ID	<b>250000.00</b>		<b>27500.00</b>	
<b>NY</b> NY STATE ID				
15 State Employer's State ID #	16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc. <b>225000.00 25000.00</b>	19 Local income tax <b>17500.00 1250.00</b>		20 Locality name <b>NYC YONKERS</b>	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS  
This information is being furnished to the Internal Revenue Service

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2007		OMB No. 1545-0008
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This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

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