

DO NOT CUT, FOLD, OR STAPLE THIS FORM

44444		For Official Use Only ▶ OMB No. 1545-0008					
a Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS, INC. DBA IDMS ACCOUNT ABILITY 560 BROADHOLLOW ROAD SUITE 109 MELVILLE NY 11747-3702		c Tax year/Form corrected 2009 / W-2		d Employee's correct SSN 123-45-6789			
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) X					
		Complete boxes f and/or g only if incorrect on form previously filed ▶					
		f Employee's previously reported SSN 123-45-6780					
b Employer's Federal EIN 13-3261529		g Employee's previously reported name EMPLOYEE INCORRECT NAME					
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		h Employee's first name and initial FIRST NAME		Last name LAST NAME	Suff JR		
		EMPLOYEE STREET ADDRESS LINE 1 EMPLOYEE STREET ADDRESS LINE 2 EMPLOYEE STREET ADDRESS LINE 3					
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 99999999.98		1 Wages, tips, other compensation 99999999.99		2 Federal income tax withheld 99999999.98		2 Federal income tax withheld 99999999.99	
3 Social security wages 99999999.98		3 Social security wages 99999999.99		4 Social security tax withheld 99999999.98		4 Social security tax withheld 99999999.99	
5 Medicare wages and tips 99999999.98		5 Medicare wages and tips 99999999.99		6 Medicare tax withheld 99999999.98		6 Medicare tax withheld 99999999.99	
7 Social security tips 99999999.98		7 Social security tips 99999999.99		8 Allocated tips 99999999.98		8 Allocated tips 99999999.99	
9 Advance EIC payment 99999999.98		9 Advance EIC payment 99999999.99		10 Dependent care benefits 99999999.98		10 Dependent care benefits 99999999.99	
11 Nonqualified plans 99999999.98		11 Nonqualified plans 99999999.99		12a See instructions for box 12 D 99999999.98		12a See instructions for box 12 H 99999999.99	
13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>		13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>		12b E 99999999.98		12b I 99999999.99	
14 Other (see instructions) UNION 123456.78 SUI 123456.78 SDI 123456.78		14 Other (see instructions) UNION 123456.79 SUI 123456.79 SDI 123456.79		12c F 99999999.98		12c J 99999999.99	
				12d G 99999999.98		12d K 99999999.99	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State NY		15 State NJ		15 State VT		15 State CT	
Employer's state ID number NY STATE ID		Employer's state ID number NJ STATE ID		Employer's state ID number VT STATE ID		Employer's state ID number CT STATE ID	
16 State wages, tips, etc. 99999999.98		16 State wages, tips, etc. 99999999.99		16 State wages, tips, etc. 99999999.98		16 State wages, tips, etc. 99999999.99	
17 State income tax 99999999.98		17 State income tax 99999999.99		17 State income tax 99999999.98		17 State income tax 99999999.99	
Locality Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
18 Local wages, tips, etc. 99999999.98		18 Local wages, tips, etc. 99999999.99		18 Local wages, tips, etc. 99999999.98		18 Local wages, tips, etc. 99999999.99	
19 Local income tax 99999999.98		19 Local income tax 99999999.99		19 Local income tax 99999999.98		19 Local income tax 99999999.99	
20 Locality name LOCAL 1		20 Locality name LOCAL 2		20 Locality name LOCAL 1		20 Locality name LOCAL 2	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A -- For Social Security Administration

Form **W-2c** (Rev. 2-2009)

Corrected Wage and Tax Statement

Department of the Treasury
Internal Revenue Service

0000/1107