

<b>55555</b>		a Tax year/Form corrected 2015 / W-2		<b>For Official Use Only ▶</b> OMB No. 1545-0008					
b Employer's name, address, and ZIP code <b>INTEGRATED DATA MANAGEMENT SYSTEMS DBA IDMS ACCOUNT ABILITY 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001</b>			c <b>Kind of Payer</b> 941/941-SS Military 943 944 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> CT-1 Hshld. Medicare <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> emp. govt. emp.				d <b>Kind of Employer</b> None apply 501c non-govt. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> State/local State/local Federal non-501c 501c govt. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		e Third-party sick pay <input checked="" type="checkbox"/> (Check if applicable)
d Number of Forms W-2c 150		e Employer's Federal EIN 13-3212345		f Establishment number 1234		g Employer's state ID number NY STATE ID			
Complete boxes h, i, or j only if incorrect on last form filed.		h Employer's incorrect Federal EIN 13-3261528		i Incorrect establishment number 1233		j Employer's incorrect state ID number BAD NY STATE ID			
Total of amounts previously reported as shown on enclosed Forms W-2c.		Total of corrected amounts as shown on enclosed Forms W-2c.		Total of amounts previously reported as shown on enclosed Forms W-2c.		Total of corrected amounts as shown on enclosed Forms W-2c.			
1 Wages, tips, other compensation 99999999.99		1 Wages, tips, other compensation 99999999.99		2 Federal income tax withheld 99999999.99		2 Federal income tax withheld 99999999.99			
3 Social security wages 99999999.99		3 Social security wages 99999999.99		4 Social security tax withheld 99999999.99		4 Social security tax withheld 99999999.99			
5 Medicare wages and tips 99999999.99		5 Medicare wages and tips 99999999.99		6 Medicare tax withheld 99999999.99		6 Medicare tax withheld 99999999.99			
7 Social security tips 99999999.99		7 Social security tips 99999999.99		8 Allocated tips 99999999.99		8 Allocated tips 99999999.99			
9		9		10 Dependent care benefits 99999999.99		10 Dependent care benefits 99999999.99			
11 Nonqualified plans 99999999.99		11 Nonqualified plans 99999999.99		12a Deferred Compensation 99999999.99		12a Deferred Compensation 99999999.99			
14 Inc. tax W/H by 3rd party sick pay payer 99999999.99		14 Inc. tax W/H by 3rd party sick pay payer 99999999.99		12b		12b			
16 State wages, tips, etc. 99999999.99		16 State wages, tips, etc. 99999999.99		17 State income tax 99999999.99		17 State income tax 99999999.99			
18 Local wages, tips, etc. 99999999.99		18 Local wages, tips, etc. 99999999.99		19 Local income tax 99999999.99		19 Local income tax 99999999.99			
Explain decreases here: <b>EXPLANATION OF DECREASES WILL PRINT HERE</b>									
Has an adjustment been made on an employment tax return filed with the Internal Revenue Service?						X Yes X No			
If "Yes," give date the return was filed ▶ 12/18/2015									
Under penalties of perjury, I declare that I have examined this return, including accompanying documents, and, to the best of my knowledge and belief, it is true, correct, and complete.									
Signature ▶		Title ▶		Date ▶					
Employer's contact person <b>CONTACT NAME</b>			Employer's telephone number <b>(631) 249-7744</b>			For Official Use Only <b>0000/1107</b>			
Employer's fax number <b>(631) 249-4425</b>			Employer's e-mail address <b>sales@idmsinc.com</b>						

Form **W-3c** (Rev. 11-2015)

**Transmittal of Corrected Wage and Tax Statements**

Department of the Treasury  
Internal Revenue Service

**Purpose of Form**

Use this form to transmit Copy A of Form(s) W-2c, Corrected Wage and Tax Statement (Rev. 8-2014). Make a copy of Form W-3c and keep it with Copy D (For Employer) of Forms W-2c for your records. File Form W-3c even if only one Form W-2c is being filed or if those Forms W-2c are being filed only to correct an employee's name and social security number (SSN) or the employer identification number (EIN). See the General Instructions for Forms W-2 and W-3 for information on completing this form.

**E-Filing**

The SSA strongly suggests employers report Form W-3c and Forms W-2c Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

\* W-2 Online. Use fill-in forms to create, save, print, and submit up to 25 Forms W-2c at a time to the SSA.

\* File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to SSA's Specification for Filing Forms W-2c Electronically (EFW2C).

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

**When To File**

File this form and Copy A of Form(s) W-2c with the Social Security Administration as soon as possible after you discover an error on Forms W-2, W-2AS, W-2GU, W-2CM, W-2VI, or W-2c. Provide Copies B, C, and 2 of Form W-2c to your employees as soon as possible.

**Where To File**

If you use the U.S. Postal Service, send Forms W-2c and W-3c to:

**Social Security Administration  
Data Operations Center  
P. O. Box 3333  
Wilkes-Barre, PA 18767-3333**

If you use a carrier other than the U. S. Postal Service, send Forms W-2c and W-3c to:

**Social Security Administration  
Data Operations Center  
Attn: W-2c Process  
1150 E. Mountain Drive  
Wilkes-Barre, PA 18702-7997**