

22222		Void <input type="checkbox"/>	a Employee's social security number 123-45-6789	For Official Use Only ► OMB No. 1545-0008		
b Employer identification number 12-3456789			1 Wages, tips, other compensation 9999999999.99	2 Federal income tax withheld 9999999999.99		
c Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS, INC. DBA IDMS ACCOUNT ABILITY 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001			3 Social security wages 9999999999.99	4 Social security tax withheld 9999999999.99		
			5 Medicare wages and tips 9999999999.99	6 Medicare tax withheld 9999999999.99		
			7 Social security tips 9999999999.99	8 Allocated tips 9999999999.99		
d Control number XXXXXXXXXXXXXX			9 Verification code XXXX-XXXX-XXXX-XXXX	10 Dependent care benefits 9999999999.99		
e Employee's first name and initial JOHN		Last name DOE	Suff JR	11 Nonqualified plans 9999999999.99	12a See instructions for box 12 D 99999999.99	
f Employee's address and ZIP code EMPLOYEE STREET ADDRESS LINE 1 EMPLOYEE STREET ADDRESS LINE 2 EMPLOYEE STREET ADDRESS LINE 3 EMPLOYEE STREET ADDRESS LINE 4			13 Statutory employee Retirement plan Third-party sick pay X X X	12b E 99999999.99		
			14 Other UNION 123456.78 SUI 123456.78 SDI 123456.78 MISC 123456.78		12c F 99999999.99	
					12d G 99999999.99	
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
NY	NY STATE ID	999999999.99	99999999.99	99999999.99	99999999.99	LOCAL 1
NJ	NJ STATE ID	999999999.99	99999999.99	99999999.99	99999999.99	LOCAL 2

Form **W-2** Wage and Tax Statement
 Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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