

Copy B To Be Filed With Employee's Federal Tax Return		2017		OMB No. 1545-0008	
a Employee soc. sec. no. <b>102-11-0029</b>	1 Wages, tips, other comp. <b>385000.00</b>	2 Federal income tax withheld <b>102255.00</b>			
b Employer ID no. (EIN) <b>13-3249958</b>	3 Social security wages <b>89700.00</b>	4 Social security tax withheld <b>7886.40</b>			
	5 Medicare wages and tips <b>400000.00</b>	6 Medicare tax withheld <b>7600.00</b>			
c Employer's name, address, and ZIP code <b>INTEGRATED DATA MANAGEMENT SYSTEMS INC ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001</b>					
d Control number <b>D645645646</b>					
e Employee's name, address, and ZIP code <b>JOHN M DOE JR 33 EAST 17 STREET APT 2101 NEW YORK NY 10003-2005</b>					
7 Social security tips <b>37500.00</b>	8 Allocated tips <b>32000.00</b>	9 Verification code <b>FF30-32C3-4D43-403E</b>			
10 Dependent care benefits <b>9750.00</b>	11 Nonqualified plans	12a Code See instr. for box 12 <b>S 15000.00</b>			
13 Statutory employee	14 Other <b>AUTO 12475.43 NYSYD 31.20</b>	12b Code <b>V 52500.00</b>			
Retirement plan <b>X</b>		12c Code <b>DD 9340.00</b>			
Third-party sick pay		12d Code			
<b>NY</b> 133249958	<b>325000.00</b>	<b>62500.00</b>			
<b>NJ</b> 133249958001	<b>60000.00</b>	<b>8750.00</b>			
15 State Employer's State ID #	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc. <b>300000.00</b>	19 Local income tax <b>18750.00</b>	20 Locality name <b>NYC</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.)		2017		OMB No. 1545-0008	
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