

d Control number <b>D923442842</b>		<b>Form W-2 Wage and Tax Statement 2021</b> This information is being furnished to the Internal Revenue Service			1 Wages, tips, other compensation <b>385000.00</b>	2 Federal income tax withheld <b>102255.00</b>	3 Social security wages <b>105300.00</b>	
c Employer's name, address, and ZIP code <b>INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001</b>					4 Social security tax withheld <b>8853.60</b>	5 Medicare wages and tips <b>400000.00</b>	6 Medicare tax withheld <b>7600.00</b>	
					7 Social security tips <b>37500.00</b>	8 Allocated tips <b>32000.00</b>	9	
					10 Dependent care benefits <b>9750.00</b>	11 Nonqualified plans	12a Code <b>S</b>	<b>15000.00</b>
					e Employee's name, address, and ZIP code <b>JOHN M DOE JR 33 EAST 17 STREET STE 201 NEW YORK NY 10003-2005</b>			13 Statutory employee <b>X</b>
					a Employee's social security no. <b>XXX-XX-0029</b>		12c Code <b>DD</b>	<b>9340.00</b>
					b Employer identification no. (EIN) <b>13-3249958</b>		12d Code	
15 State <b>NY</b>	Employers state ID number <b>13-3249958</b>	16 State wages, tips, etc. <b>325000.00</b>		17 State income tax <b>63500.00</b>	18 Local wages, tips, etc. <b>325000.00</b>	19 Local income tax <b>19750.00</b>	20 Locality name <b>NYC</b>	
<b>NJ</b>	<b>129255681001</b>	<b>60000.25</b>		<b>8750.56</b>				

Copy B To Be Filed With EMPLOYEE'S Federal Tax Return

OMB No. 1545-0008

Dept. of the Treasury -- IRS

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

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