

d Control number D923442842		Form W-2 Wage and Tax Statement 2018 This information is being furnished to the Internal Revenue Service			1 Wages, tips, other compensation 385000.00	2 Federal income tax withheld 102255.00	3 Social security wages 90900.00			
c Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001					4 Social security tax withheld 7960.80	5 Medicare wages and tips 400000.00	6 Medicare tax withheld 7600.00			
e Employee's name, address, and ZIP code JOHN M DOE JR 33 EAST 17 STREET APT 2101 NEW YORK NY 10003-2005					7 Social security tips 37500.00	8 Allocated tips 32000.00	9 Verification code FF30-93DD-432A-CC23			
					10 Dependent care benefits 9750.00		11 Nonqualified plans		12a Code S	15000.00
					13 Statutory employee	Retirement plan X	Third-party sick pay	14 Other AUTO 4245.34	12b Code V	52500.00
					a Employee's social security no. 102-11-0029	NYSD 31.20	12c Code DD	9340.00		
					b Employer identification no. (EIN) 13-3249958	MEALS 1750.00	12d Code HH	15000.00		
15 State NY	Employers state ID number 133249958	16 State wages, tips, etc. 325000.00	17 State income tax 63500.00	18 Local wages, tips, etc. 300000.00	19 Local income tax 19750.00	20 Locality name NYC				
NJ	133249958001	60000.00	8750.00							

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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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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**INTEGRATED DATA MANAGEMENT SYSTEMS
ACCOUNT ABILITY COMPLIANCE SOFTWARE
555 BROADHOLLOW ROAD SUITE 273
MELVILLE NY 11747-5001**

**PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
MELVILLE, NEW YORK
PERMIT NO. 123456**

RETURN SERVICE REQUESTED

**JOHN M DOE JR
33 EAST 17 STREET APT 2101
NEW YORK NY 10003-2005**

**D923442842
D340299**

