

d Control number D923442842		Form W-2 Wage and Tax Statement 2021 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 105300.00			
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 8853.60	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 STE 201 NEW YORK NY 10003-2005					7 Social security tips 37500.00	8 Allocated tips 32000.00	9			
					10 Dependent care benefits 9750.00			11 Nonqualified plans	12a Code S	15000.00
					13 Statutory employee X	Retirement plan X	Third-party sick pay X	14 Other AUTO EXP 4245.34	12b Code FF	52500.00
					a Employee's social security no. XXX-XX-0029	12c Code DD	9340.00			
					b Employer identification no. (EIN) 13-3249958	12d Code				
15 State NY	Employers state ID number 13-3249958	16 State wages, tips, etc. 325000.00	17 State income tax 63500.00	18 Local wages, tips, etc. 325000.00	19 Local income tax 19750.00	20 Locality name NYC				
NJ	129255681001	60000.25	8750.56							

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

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

ADDRESS SERVICE REQUESTED

JOHN M DOE JR
33 EAST 17 STREET STE 201
NEW YORK NY 10003-2005

D923442842
D340299

ID # 1

