


CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>INTEGRATED DATA MANAGEMENT SYSTEMS, INC.</b> <b>DBA IDMS ACCOUNT ABILITY</b> <b>560 BROADHOLLOW ROAD STE 109</b> <b>MELVILLE NY 11747-3702</b>  <b>Telephone: 631-249-7744</b>		<b>1</b> Rents \$	OMB No. 1545-0115  <b>2011</b>	<b>Miscellaneous Income</b>
		<b>2</b> Royalties \$ <b>15000.00</b>	Form <b>1099-MISC</b>	
		<b>3</b> Other income \$ <b>35000.00</b>	<b>4</b> Federal income tax withheld \$	<b>Copy B For Recipient</b>
PAYER'S Federal identification number <b>12-3456789</b>	RECIPIENT'S identification number <b>XXX-XX-0029</b>	<b>5</b> Fishing boat proceeds \$	<b>6</b> Medical and health care payments \$	
RECIPIENT'S name, street address, city, state, and ZIP code    <b>JOHN DOE</b> <b>APT 101A</b> <b>560 ROUTE 110</b> <b>MELVILLE NY 11747-2114</b>		<b>7</b> Nonemployee compensation \$ <b>175000.00</b>	<b>8</b> Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions) <b>595934384</b>		<b>9</b> Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	<b>10</b> Crop insurance proceeds \$	
		<b>11</b>	<b>12</b>	
		<b>13</b> Excess golden parachute payments \$	<b>14</b> Gross proceeds paid to an attorney \$	
<b>15a</b> Section 409A deferrals \$	<b>15b</b> Section 409A income \$	<b>16</b> State tax withheld \$ <b>12500.00</b>	<b>17</b> State/Payer's state no. <b>NY/NY STATE ID</b> <b>NJ/</b>	<b>18</b> State income \$ <b>145000.00</b>  \$ <b>15000.00</b>

Form 1099-MISC

(Keep for your records)

Department of the Treasury - Internal Revenue Service

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		<b>2</b> Royalties \$ <b>15000.00</b>	Form <b>1099-MISC</b>	
		<b>3</b> Other income \$ <b>35000.00</b>	<b>4</b> Federal income tax withheld \$	<b>Copy 2 To be filed with recipient's state income tax return, when required.</b>
PAYER'S Federal identification number <b>12-3456789</b>	RECIPIENT'S identification number <b>XXX-XX-0029</b>	<b>5</b> Fishing boat proceeds \$	<b>6</b> Medical and health care payments \$	
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