

22222		Void <input type="checkbox"/>	a Employee's social security number 123-45-6789	For Official Use Only ► OMB No. 1545-0008		
b Employer identification number 12-3456789			1 Wages, tips, other compensation 9999999999.99	2 Federal income tax withheld 9999999999.99		
c Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS, INC. DBA IDMS ACCOUNT ABILITY 560 BROADHOLLOW ROAD SUITE 109 MELVILLE, NY 11747-3702			3 Social security wages 9999999999.99	4 Social security tax withheld 9999999999.99		
			5 Medicare wages and tips 9999999999.99	6 Medicare tax withheld 9999999999.99		
			7 Social security tips 9999999999.99	8 Allocated tips 9999999999.99		
d Control number XXXXXXXXXXXXXX			9	10 Dependent care benefits 9999999999.99		
e Employee's first name and initial JOHN		Last name DOE	Suff JR	11 Nonqualified plans 9999999999.99	12a See instructions for box 12 D 99999999.99	
f Employee's address and ZIP code EMPLOYEE STREET ADDRESS LINE 1 EMPLOYEE STREET ADDRESS LINE 2 EMPLOYEE STREET ADDRESS LINE 3 EMPLOYEE STREET ADDRESS LINE 4			13 Statutory employee Retirement plan Third-party sick pay X X X	12b E 99999999.99		
			14 Other UNION 123456.78 SUI 123456.78 SDI 123456.78 MISC 123456.78	12c F 99999999.99		
				12d G 99999999.99		
15 State NY	Employer's state ID number NY STATE ID	16 State wages, tips, etc. 999999999.99	17 State income tax 99999999.99	18 Local wages, tips, etc. 999999999.99	19 Local income tax 99999999.99	20 Locality name LOCAL 1
NJ	NJ STATE ID	999999999.99	99999999.99	999999999.99	99999999.99	LOCAL 2

Form **W-2** Wage and Tax Statement

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