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|---|--|---|--|---|--|--|---|--|--|------------------------|
| 55555 | | a Tax year/Form corrected 2011 / W-2 | | For Official Use Only ▶ OMB No. 1545-0008 | | | | | | |
| b Employer's name, address, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS DBA IDMS ACCOUNT ABILITY 560 BROADHOLLOW ROAD SUITE 109 MELVILLE NY 11747-3702 | | | c Kind of Payer | | | | d Kind of Employer | | | e Third-party sick pay |
| | | | 941/941-SS Military 943 944/944-SS X X X X | | | | None apply 501c non-govt. X X | | | X |
| | | | CT-1 Hshld. emp. Medicare govt. emp. X X X | | | | State/local non-501c State/local 501c Federal govt. X X X | | | (Check if applicable) |
| d Number of Forms W-2c 150 | | e Employer's Federal EIN 13-3261529 | | f Establishment number 1234 | | g Employer's state ID number NY STATE ID | | | | |
| Complete boxes h, i, or j only if incorrect on last form filed. | | h Employer's incorrect Federal EIN 13-3261528 | | i Incorrect establishment number 1233 | | j Employer's incorrect state ID number BAD NY STATE ID | | | | |
| Total of amounts previously reported as shown on enclosed Forms W-2c. | | Total of corrected amounts as shown on enclosed Forms W-2c. | | Total of amounts previously reported as shown on enclosed Forms W-2c. | | Total of corrected amounts as shown on enclosed Forms W-2c. | | | | |
| 1 Wages, tips, other compensation 99999999.99 | | 1 Wages, tips, other compensation 99999999.99 | | 2 Federal income tax withheld 99999999.99 | | 2 Federal income tax withheld 99999999.99 | | | | |
| 3 Social security wages 99999999.99 | | 3 Social security wages 99999999.99 | | 4 Social security tax withheld 99999999.99 | | 4 Social security tax withheld 99999999.99 | | | | |
| 5 Medicare wages and tips 99999999.99 | | 5 Medicare wages and tips 99999999.99 | | 6 Medicare tax withheld 99999999.99 | | 6 Medicare tax withheld 99999999.99 | | | | |
| 7 Social security tips 99999999.99 | | 7 Social security tips 99999999.99 | | 8 Allocated tips 99999999.99 | | 8 Allocated tips 99999999.99 | | | | |
| 9 Advance EIC payments 99999999.99 | | 9 Advance EIC payments 99999999.99 | | 10 Dependent care benefits 99999999.99 | | 10 Dependent care benefits 99999999.99 | | | | |
| 11 Nonqualified plans 99999999.99 | | 11 Nonqualified plans 99999999.99 | | 12a Deferred Compensation 99999999.99 | | 12a Deferred Compensation 99999999.99 | | | | |
| 14 Inc. tax W/H by 3rd party sick pay payer 99999999.99 | | 14 Inc. tax W/H by 3rd party sick pay payer 99999999.99 | | 12b HIRE exempt wages and tips 99999999.99 | | 12b HIRE exempt wages and tips 99999999.99 | | | | |
| 16 State wages, tips, etc. 99999999.99 | | 16 State wages, tips, etc. 99999999.99 | | 17 State income tax 99999999.99 | | 17 State income tax 99999999.99 | | | | |
| 18 Local wages, tips, etc. 99999999.99 | | 18 Local wages, tips, etc. 99999999.99 | | 19 Local income tax 99999999.99 | | 19 Local income tax 99999999.99 | | | | |
| Explain decreases here: EXPLANATION OF DECREASES WILL PRINT HERE | | | | | | | | | | |
| Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? X Yes X No | | | | | | | | | | |
| If "Yes," give date the return was filed ▶ 01/20/2010 | | | | | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying documents, and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | | | | | | | |
| Signature ▶ | | | Title ▶ | | | Date ▶ | | | | |
| Contact person CONTACT NAME | | | Telephone number (631) 249-7744 | | | For Official Use Only | | | | |
| E-mail address sales@idmsinc.com | | | Fax number (631) 249-4425 | | | 0000/1107 | | | | |

Form **W-3c** (Rev. 12-2011)

Transmittal of Corrected Wage and Tax Statements

Department of the Treasury
Internal Revenue Service

Purpose of Form

Use this form to transmit Copy A of Form(s) W-2c, Corrected Wage and Tax Statement (Rev. 2-2009). Make a copy of Form W-3c and keep it with Copy D (For Employer) of Forms W-2c for your records. File Form W-3c even if only one Form W-2c is being filed or if those Forms W-2c are being filed only to correct an employee's name and social security number (SSN), or the employer identification number (EIN). See the 2012 General Instructions for Forms W-2 and W-3 for information on completing this form.

When To File

File this form and Copy A of Form(s) W-2c with the Social Security Administration as soon as possible after you discover an error on Forms W-2, W-2AS, W-2GU, W-2CM, W-2VI, or W-2c. Provide Copies B, C, and 2 of Form W-2c to your employees as soon as possible.

Where To File

If you use the U.S. Postal Service, send Forms W-2c and W-3c to the following address:

**Social Security Administration
Data Operations Center
P. O. Box 3333
Wilkes-Barre, PA 18767-3333**

If you use a carrier other than the U. S. Postal Service, send Forms W-2c and W-3c to the following address:

**Social Security Administration
Data Operations Center
Attn: W-2c Process
1150 E. Mountain Drive
Wilkes-Barre, PA 18702-7997**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.