

<b>55555</b>		a Tax year/Form corrected <b>2010 / W-2</b>	<b>For Official Use Only</b> ▶ OMB No. 1545-0008	
b Employer's name, address, and ZIP code <b>INTEGRATED DATA MANAGEMENT SYSTEMS, INC. 560 BROADHOLLOW ROAD SUITE 109 MELVILLE NY 11747-3702</b>			c <b>Kind of Payer</b> ▶	
			941/941-SS <b>X</b>	Military <b>X</b>
			943 <b>X</b>	944/944-SS <b>X</b>
			CT-1 <b>X</b>	Hshld. emp. <b>X</b>
				Medicare govt. emp. <b>X</b>
				Third-party sick pay <b>X</b>
d Number of Forms W-2c <b>150</b>	e Employer's Federal EIN <b>13-3261529</b>	f Establishment number <b>1234</b>	g Employer's state ID number <b>NY STATE ID</b>	
Complete boxes h, i, or j only if incorrect on last form filed.	h Employer's incorrect Federal EIN <b>13-3261528</b>	i Incorrect establishment number <b>1233</b>	j Employer's incorrect state ID number <b>BAD NY STATE ID</b>	
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 <b>99999999.99</b>	1 Wages, tips, other compensation <b>99999999.99</b>	2 Federal income tax withheld <b>99999999.99</b>	2 Federal income tax withheld <b>99999999.99</b>	
3 Social security wages <b>99999999.99</b>	3 Social security wages <b>99999999.99</b>	4 Social security tax withheld <b>99999999.99</b>	4 Social security tax withheld <b>99999999.99</b>	
5 Medicare wages and tips <b>99999999.99</b>	5 Medicare wages and tips <b>99999999.99</b>	6 Medicare tax withheld <b>99999999.99</b>	6 Medicare tax withheld <b>99999999.99</b>	
7 Social security tips <b>99999999.99</b>	7 Social security tips <b>99999999.99</b>	8 Allocated tips <b>99999999.99</b>	8 Allocated tips <b>99999999.99</b>	
9 Advance EIC payments <b>99999999.99</b>	9 Advance EIC payments <b>99999999.99</b>	10 Dependent care benefits <b>99999999.99</b>	10 Dependent care benefits <b>99999999.99</b>	
11 Nonqualified plans <b>99999999.99</b>	11 Nonqualified plans <b>99999999.99</b>	12a Deferred Compensation <b>99999999.99</b>	12a Deferred Compensation <b>99999999.99</b>	
14 Inc. tax W/H by 3rd party sick pay payer <b>99999999.99</b>	14 Inc. tax W/H by 3rd party sick pay payer <b>99999999.99</b>	12b HIRE exempt wages and tips <b>99999999.99</b>	12b HIRE exempt wages and tips <b>99999999.99</b>	
16 State wages, tips, etc. <b>99999999.99</b>	16 State wages, tips, etc. <b>99999999.99</b>	17 State income tax <b>99999999.99</b>	17 State income tax <b>99999999.99</b>	
18 Local wages, tips, etc. <b>99999999.99</b>	18 Local wages, tips, etc. <b>99999999.99</b>	19 Local income tax <b>99999999.99</b>	19 Local income tax <b>99999999.99</b>	
Explain decreases here: <b>DECREASES EXPLANATION LINE 1</b> <b>DECREASES EXPLANATION LINE 2</b>				
Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? <b>X</b> Yes <b>X</b> No				
If "Yes," give date the return was filed ▶ <b>01/20/2006</b>				
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 <b>CONTACT NAME</b>		Telephone number <b>(631) 249-7744</b>		For Official Use Only  <b>0000/1107</b>
E-mail address <b>sales@idmsinc.com</b>		Fax number <b>(631) 249-4425</b>		

Form **W-3C** (Rev. 4-2010)

**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 separate instructions for Forms W-2c and W-3c 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.**