

CORRECTED (if checked)

PAYER'S name, address, city or town, state, ZIP code, and telephone no. INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001		1 Nonemployee compensation \$ 1545403.00		OMB No. 1545-0116 2020 Form 1099-NEC			
631-249-7744/SALES DEPT		2		Nonemployee Compensation			
PAYER'S TIN 13-3249958		RECIPIENT'S TIN 102-11-0023				Copy B For Recipient	
RECIPIENT'S name, address, city or town, state, and ZIP code JOHN DOE 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005		4 Federal income tax withheld \$ 370896.83					
Account number (see instructions) 234982392L1130JD		FATCA filing requirement <input type="checkbox"/>	5 State tax withheld \$ 154000.00	5 State tax withheld \$ 72500.00			
			6 State/Payer's state no. NY/13-3249958	6 State/Payer's state no. NJ/8892556812			
			7 State income \$ 975000.00	7 State income \$ 570403.00			

Form 1099-NEC

(keep for your records)

Department of the Treasury - Internal Revenue Service

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ACCOUNT ABILITY COMPLIANCE SOFTWARE
555 BROADHOLLOW ROAD SUITE 273
MELVILLE NY 11747-5001**

**JOHN DOE
33 EAST 17 STREET UNIT 2101
NEW YORK NY 10003-2005**