Version A, Cycle 2 Scanned form. Do not change dimensions of entry boxes

DO NOT STAPLE								
33333	a Control num	ıber	For Official Use Only ►					
			OMB No. 1545-0008					
b Kind	941	Military 943	944	Kind	None apply 50	D1c non-govt.	Third-party sick pay	
of Payer (Check one)	CT-1	Hshld. Medicare emp. govt. emp		of Employer (Check one)	State/local non-501c St	ate/local 501c Federal govt.	(Check if applicable)	
<b>c</b> Total number of	Forms W-2	d Establishment nu	mber	1 Wages, tips, other c	ompensation	2 Federal income tax with	eld	
e Employer identification number (EIN)				<b>3</b> Social security wage	9S	4 Social security tax withhe	4 Social security tax withheld	
f Employer's name				5 Medicare wages and tips		6 Medicare tax withheld	6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips		
				9		10 Dependent care benefits	10 Dependent care benefits	
<b>g</b> Employer's address and ZIP code				11 Nonqualified plans		12a Deferred compensation	12a Deferred compensation	
h Other EIN used this year				13 For third-party sick pay use only		12b		
15 State Employer's state ID number				14 Income tax withheld by payer of third-party sick pay				
16 State wages, tip	os, etc.	17 State income tax		18 Local wages, tips, et	c.	19 Local income tax		
Contact person				Employer's telephone number		For Official Use Only	For Official Use Only	
Employer's ema	il address			Employer's fax numb	ber			
Under penalties of p complete.	perjury, I declare	that I have examined	this return and	accompanying document	s and, to the best o	f my knowledge and belief, they a	e true, correct, and	
Signature ►				Title ►		Date ►		
						7.11		

# Form W-3 Transmittal of Wage and Tax Statements

2074

Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

## Reminder

Separate instructions. See the 2014 General Instructions for Forms W-2 and W-3 for information on completing this form.

## **Purpose of Form**

A Form W-3 Transmittal is completed only when paper Copy A of Form(s) W-2, Wage and Tax Statement, is being filed. Do not file Form W-3 alone. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA (see below). All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

## E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free efiling options on its Business Services Online (BSO) website:

• W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.

• File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by March 31, 2015. For more information, go to *www.socialsecurity.gov/employer* and select "First Time Filers" or "Returning Filers" under "BEFORE YOU FILE."

## When To File

Mail Form W-3 with Copy A of Form(s) W-2 by March 2, 2015.

#### Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

#### Social Security Administration Data Operations Center Wilkes-Barre, PA 18769-0001

**Note.** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

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