DO NOT STAPLE

| | a Control number | | For Official Use Only ► OMB No. 1545-0008 | | | | | |
|--|------------------|--|---|---|-------------|---|---|--|
| 33333 | | | | | | | | |
| kind of Payer (Check one) | 941 CT-1 | Military 943 Hshld. Medicare govt. emp. | | Kind of Employer (Check one) | State/local | 01c non-govt. ate/local 501c Federal govt. | Third-party sick pay (Check if applicable) | |
| c Total number of Forms W-2 d Establishment number | | | | 1 Wages, tips, other c | ompensation | 2 Federal income tax withhe | 2 Federal income tax withheld | |
| e Employer identification number (EIN) | | | | 3 Social security wages | | 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 | |
| g 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 | 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 | | |
| Employer's contact person | | | | Employer's telephone number For Official Use Only | | | | |
| Employer's fax number | | | | Employer's email address | | | | |

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ► Title ► Date ►

Form W-3 Transmittal of Wage and Tax Statements

2019

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 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. 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 e-filing 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 **January 31, 2020**. For more information, go to *www.SSA.gov/bso*. First time filers, select "*Register*"; returning filers select "*Log In*."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020.

Where To File Paper Forms

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

Social Security Administration Direct 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 Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.