| 33333 | a Control nui | mber | | For Official OMB No. 15 | • | | | | |
|---|-----------------|--------------------------------|---|----------------------------|--|---|-------------------|-----------------|---|
| Kind of Payer (Check one) c Total number of F | 941-SS | Military Hshld. emp. d Establ | 943 Medicare govt. emp | | Kind | None apply State/local non-501c pensation | | Federal govt. | Third-part sick pay (Check if applicable |
| e Employer identification number (EIN) | | | 3 Social security wages | 4 Social | 4 Social security tax withheld | | | | |
| f Employer's name | | | 5 Medicare wages and tip | 6 Medica | 6 Medicare tax withheld | | | | |
| | | | | | 7 Social security tips | | 8 | | |
| _ | | | | | 9 | | 10 | | |
| g Employer's addre | ess and ZIP cod | e | | | 11 Nonqualified plans | | 12a Deferr | ed compensatior | 1 |
| h Other EIN used t | his year | | | | 13 For third-party sick pay to | use only | 12b | | |
| 15 Employer's territorial ID number | | | 14 Income tax withheld by payer of third-party sick pay | | | | | | |
| | | | | | 18 Check the appropriate b Type of Form ► W-2AS | | /-2CM W-2 | 2GU W- | 2VI |
| Employer's conta | act person | | | | Employer's telephone nur | ımber | For Offi | cial Use Only | |
| Employer's fax number | | | Employer's email address | | | | | | |

Signature > Title ▶ Date >

Form **W-3SS Transmittal of Wage and Tax Statements**

5078

Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3SS if you filed electronically with the SSA.

Do not send any payment (cash, checks, money orders, etc.) with Form(s) W-2AS, W-2CM, W-2GU, W-2VI, and W-3SS

Reminder

Separate instructions. See the 2018 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3SS for Form(s) W-2AS, W-2CM, W-2GU, or W-2VI that were submitted electronically

Purpose of Form

Complete a Form W-3SS Transmittal only when filing paper Copy A of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI. Don't file Form W-3SS alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3SS even if only one paper Form W-2AS, W-2CM, W-2GU, or W-2VI is being filed. Make sure both the Form W-3SS and Form(s) W-2AS, W-2CM, W-2GU, or W-2VI 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-2AS, W-2CM, W-2GU, or W-2VI for your records. The IRS recommends retaining copies of these forms for four years.

E-Filina

The SSA strongly suggests employers report Form W-3SS and Form(s) W-2AS, W-2CM, W-2GU, or W-2VI 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-2AS, W-2CM, W-2GU, or W-2VI 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, 2019. 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 Copy A of Form W-3SS with Copy A of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI by January 31, 2019.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI 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.

DO NOT STAPLE OR FOLD

| 33333 | a Control number | For Official Use Only ► OMB No. 1545-0008 | | | | | | |
|---|---|---|-------------------------|---------------------------------|--------------|--------------------------------|----------------------|---|
| | | | | | | | | |
| b Kind of Payer (Check one) c Total number of f | 941-SS Military 943 Hshld. Medicare govt. emp. Forms W-2 d Establishment nu | (Check | k one) | None apply State/local non-501c | 501c non- | 501c | Federal govt. | Third-party sick pay (Check if applicable) |
| C Total number of F | d Establishment nu | imber i waç | ges, tips, other cor | mpensation | | Z Incom | e tax withheld | |
| e Employer identification number (EIN) | | | 3 Social security wages | | | 4 Social security tax withheld | | |
| f Employer's name | 9 | 5 Med | dicare wages and t | tips | | 6 Medic | are tax withheld | |
| | | 7 Soc | cial security tips | | | 8 | | |
| | | 9 | | | 1 | 10 | | |
| g Employer's addre | ess and ZIP code | 11 Non | qualified plans | | 1 | 2a Defer | rred compensation | 1 |
| h Other EIN used to | his year | 13 For t | third-party sick pa | y use only | 1 | 2b | | |
| 15 Employer's territ | orial ID number | 14 Inco | ome tax withheld b | y payer of third | d-party sick | pay | | |
| Employer's conta | act person | Empl | loyer's telephone r | number | | For Of | ficial Use Only | |
| Employer's fax n | umber | Empl | loyer's email addre | ess | • | | | |
| | | Copy 1—For Lo | ocal Tax Depa | artment | | | | |
| Under penalties of per | riury. I declare that I have examined this | return and accompanying of | documents and to | the best of my l | knowledge ar | nd belief. | they are true, corre | ct, and complete |

| Signature ► | Litle ▶ | Date ► |
|---|---------|--|
| Form W-3SS Transmittal of Wage and Tax Statements | 5079 | Department of the Treasury Internal Revenue Service |

Where To File

For more information about where to file Copy 1, contact your state, city, or local tax department.

American Samoa. File Copy 1 of Form W-3SS and Forms W-2AS at the following address.

American Samoa Tax Office Executive Office Building First Floor Pago Pago, AS 96799

Guam. File Copy 1 of Form W-3SS and Forms W-2GU at the following address.

Guam Department of Revenue and Taxation P.O. Box 23607 **GMF, GU 96921**

U.S. Virgin Islands. File Copy 1 of Form W-3SS and Forms W-2VI at the following address.

Virgin Islands Bureau of Internal Revenue 6115 Estate Smith Bay Suite 225 St. Thomas, VI 00802

Commonwealth of the Northern Mariana Islands. File Form OS-3710 and Copy 1 of Forms W-2CM at the following address.

Division of Revenue and Taxation Commonwealth of the Northern Mariana Islands P.O. Box 5234 CHRB Saipan, MP 96950