

**DO NOT STAPLE**

|                                                 |                               |                                      |                                              |                                                                |                                        |                                               |                                           |                                                                        |
|-------------------------------------------------|-------------------------------|--------------------------------------|----------------------------------------------|----------------------------------------------------------------|----------------------------------------|-----------------------------------------------|-------------------------------------------|------------------------------------------------------------------------|
| <b>33333</b>                                    |                               | <b>a</b> Control number              |                                              | <b>For Official Use Only ▶</b><br>OMB No. 1545-0008            |                                        |                                               |                                           |                                                                        |
| <b>b</b><br><b>Kind of Payer</b><br>(Check one) | 941 <input type="checkbox"/>  | Military <input type="checkbox"/>    | 943 <input type="checkbox"/>                 | 944 <input type="checkbox"/>                                   | <b>Kind of Employer</b><br>(Check one) | None apply <input type="checkbox"/>           | 501c non-govt. <input type="checkbox"/>   | Third-party sick pay<br>(Check if applicable) <input type="checkbox"/> |
|                                                 | CT-1 <input type="checkbox"/> | Hshld. emp. <input type="checkbox"/> | Medicare govt. emp. <input type="checkbox"/> |                                                                |                                        | State/local non-501c <input type="checkbox"/> | State/local 501c <input type="checkbox"/> |                                                                        |
| <b>c</b> Total number of Forms W-2              |                               | <b>d</b> Establishment number        |                                              | <b>1</b> Wages, tips, other compensation                       |                                        | <b>2</b> Federal income tax withheld          |                                           |                                                                        |
| <b>e</b> Employer identification number (EIN)   |                               |                                      |                                              | <b>3</b> Social security wages                                 |                                        | <b>4</b> Social security tax withheld         |                                           |                                                                        |
| <b>f</b> Employer's name                        |                               |                                      |                                              | <b>5</b> Medicare wages and tips                               |                                        | <b>6</b> Medicare tax withheld                |                                           |                                                                        |
| <b>g</b> Employer's address and ZIP code        |                               |                                      |                                              | <b>7</b> Social security tips                                  |                                        | <b>8</b> Allocated tips                       |                                           |                                                                        |
|                                                 |                               |                                      |                                              | <b>9</b>                                                       |                                        | <b>10</b> Dependent care benefits             |                                           |                                                                        |
|                                                 |                               |                                      |                                              | <b>11</b> Nonqualified plans                                   |                                        | <b>12a</b> Deferred compensation              |                                           |                                                                        |
| <b>h</b> Other EIN used this year               |                               |                                      |                                              | <b>13</b> For third-party sick pay use only                    |                                        | <b>12b</b>                                    |                                           |                                                                        |
| <b>15</b> State                                 | Employer's state ID number    |                                      |                                              | <b>14</b> Income tax withheld by payer of third-party sick pay |                                        |                                               |                                           |                                                                        |
| <b>16</b> State wages, tips, etc.               |                               | <b>17</b> State income tax           |                                              | <b>18</b> Local wages, tips, etc.                              |                                        | <b>19</b> 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** **2014**

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. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

**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. 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 March 31, 2015. For more information, go to [www.socialsecurity.gov/employer](http://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.**