

**DO NOT STAPLE OR FOLD**

<b>a</b> Control number <b>33333</b>		<b>For Official Use Only ▶</b> OMB No. 1545-0008	
<b>b</b> <b>Kind of Payer</b>	941 <input type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>
	CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>
			<b>Third-party sick pay</b> <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>3</b> Social security wages
			<b>4</b> Social security tax withheld
			<b>5</b> Medicare wages and tips
			<b>6</b> Medicare tax withheld
<b>e</b> Employer identification number (EIN)			<b>7</b> Social security tips
			<b>8</b> Allocated tips
<b>f</b> Employer's name			<b>9</b> Advance EIC payments
			<b>10</b> Dependent care benefits
			<b>11</b> Nonqualified plans
			<b>12</b> Deferred compensation
			<b>13</b> For third-party sick pay use only
			<b>14</b> Income tax withheld by payer of third-party sick pay
<b>g</b> Employer's address and ZIP code			
<b>h</b> Other EIN used this year			
<b>15</b> State	Employer's state ID number	<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
Contact person		Telephone number ( )	For Official Use Only
Email address		Fax number ( )	

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** **2005**

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. Photocopies are not acceptable.**

**Do not** send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

**Reminder**

**Separate instructions.** See the 2005 Instructions for Forms W-2 and W-3 for information on completing this form.

**Purpose of Form**

Use Form W-3 to transmit Copy A of Form(s) W-2, Wage and Tax Statement. Make a copy of Form W-3 and keep it with Copy D (For Employer) of Form(s) W-2 for your records. Use Form W-3 for the correct year. **File Form W-3 even if only one Form W-2 is being filed.** If you are filing Form(s) W-2 on magnetic media or electronically, **do not** file Form W-3.

**When To File**

File Form W-3 with Copy A of Form(s) W-2 by February 28, 2006.

**Where To File**

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.

**Do not** send magnetic media to the address shown above.

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D of Form W-2.