

**DO NOT STAPLE**

|  |                            |                        |                     |  |   |                                |                |   |  |
|--|----------------------------|------------------------|---------------------|--|---|--------------------------------|----------------|---|--|
| <b>33333</b>                             |                            | a Control number       |                     | <b>For Official Use Only ▶</b><br><b>OMB No. 1545-0008</b> |   |                                |                |   |  |
| <b>b</b><br>Kind of Payer<br>(Check one) | 941                        | Military               | 943                 | 944  | <b>b</b><br>Kind of Employer<br>(Check one) | None apply                     | 501c non-govt. | Third-party sick pay<br>(Check if applicable) |  |
|  | CT-1                       | Hshld. emp.            | Medicare govt. emp. | State/local non-501c                                       |   | State/local 501c               | Federal govt.  |   |  |
| c Total number of Forms W-2              |                            | d Establishment number |                     | 1 Wages, tips, other compensation                          |   | 2 Federal income tax withheld  |                |   |  |
| e Employer identification number (EIN)   |                            |                        |                     | 3 Social security wages                                    |   | 4 Social security tax withheld |                |   |  |
| f Employer's name                        |                            |                        |                     | 5 Medicare wages and tips                                  |   | 6 Medicare tax withheld        |                |   |  |
| g Employer's address and ZIP code        |                            |                        |                     | 7 Social security tips                                     |   | 8 Allocated tips               |                |   |  |
|  |                            |                        |                     | 9  |   | 10 Dependent care benefits     |                |   |  |
|  |                            |                        |                     | 11 Nonqualified plans                                      |   | 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, tips, etc.               |                            | 17 State income tax    |                     | 18 Local wages, tips, etc.                                 |   | 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** **2016**

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 2016 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 **January 31, 2017**. For more information, go to [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer). First time filers, select "Go to Register"; returning filers select "Go To Log In."

**When To File**

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2017**.

**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.**