

DO NOT STAPLE OR FOLD

|                                               |                                      |                                              |                                               |                                                                |                                          |
|-----------------------------------------------|--------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------------------------|------------------------------------------|
| <b>a</b> Control number                       |                                      | 33333                                        |                                               | <b>For Official Use Only</b> ▶                                 |                                          |
|                                               |                                      | OMB No. 1545-0008                            |                                               |                                                                |                                          |
| <b>b</b><br>Kind of Payer                     | 941-SS <input type="checkbox"/>      | Military <input type="checkbox"/>            | 943 <input type="checkbox"/>                  | 944-SS <input type="checkbox"/>                                | <b>1</b> Wages, tips, other compensation |
|                                               | Hshld. emp. <input type="checkbox"/> | Medicare govt. emp. <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> |                                                                | <b>2</b> Income tax withheld             |
| <b>c</b> Total number of Forms W-2            |                                      | <b>d</b> Establishment number                |                                               | <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>                                 |
| <b>f</b> Employer's name                      |                                      |                                              |                                               | <b>9</b> Advance EIC payments                                  | <b>10</b>                                |
|                                               |                                      |                                              |                                               | <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>15</b> Check the appropriate box                            |                                          |
| <b>h</b> Other EIN used this year             |                                      |                                              |                                               | Type of Form ▶                                                 | W-2AS <input type="checkbox"/>           |
| <b>i</b> Employer's territorial ID number     |                                      |                                              |                                               |                                                                | W-2CM <input type="checkbox"/>           |
|                                               |                                      |                                              |                                               |                                                                | W-2GU <input type="checkbox"/>           |
|                                               |                                      |                                              |                                               |                                                                | W-2VI <input type="checkbox"/>           |
| Contact person                                |                                      | Telephone number                             |                                               | For Official Use Only                                          |                                          |
| E-mail address                                |                                      | Fax number                                   |                                               |                                                                |                                          |

**Copy A—For Social Security Administration**

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-3SS** Transmittal of Wage and Tax Statements

2006

Department of the Treasury  
Internal Revenue Service

Send this entire page with the entire Copy A page of Forms W-2AS, W-2GU, W-2CM, or W-2VI to the Social Security Administration (SSA). See *Where To File Copy A* on page 2. Photocopies are not acceptable. Do not send any remittance (cash, checks, money orders, etc.) with Forms W-2AS, W-2GU, W-2CM, W-2VI, and W-3SS.

**Instructions for Forms W-2AS, W-2GU, W-2VI, and W-3SS**

Section references are to the Internal Revenue Code unless otherwise noted.

**Notice to Employers in the Commonwealth of the Northern Mariana Islands**

If you are an employer in the Commonwealth of the Northern Mariana Islands, you must contact the Division of Revenue and Taxation, Capitol Hill, Saipan, MP 96950, to get Form W-2CM and the instructions for completing and filing that form.

**What's New**

**Modification to box e on Form W-2.** We modified the "Last name" part of box e on Forms W-2AS, W-2GU, and W-2VI to allow space for employee suffix names such as "Jr." or "Sr."

**New reporting codes for box 12 on Forms W-2.** We added two new reporting codes to box 12 on Forms W-2AS, W-2GU, and W-2VI that relate to section 6051(a)(8) as modified by the Economic Growth and Tax Relief Reconciliation Act of 2001. Use code **AA** to report designated Roth contributions to a section 401(k) plan. Use code **BB** to report designated Roth contributions under a section 403(b) salary reduction agreement. See page 6 for details.

**Employee instructions added to Copy B.** We made the employee instructions on the back of Copy C easier to read by increasing their type size and continuing the instructions on the back of Copy B.

**New checkbox for box b on Form W-3SS.** We added a new checkbox to box b on Form W-3SS. Use the "944-SS" checkbox in box b if you file Form 944-SS, Employer's Annual Federal Tax Return. Form 944-SS for 2006 is a newly developed form.

**Magnetic media filing is discontinued.** The Social Security Administration (SSA) will no longer accept any magnetic media reporting of Forms W-2AS, W-2CM, W-2GU, or W-2VI. Instead, see *Electronic reporting* on page 3.

**When To File**

File Copy A of Form W-3SS with Copy A of Form W-2AS, W-2GU, W-2CM, or W-2VI by February 28, 2007.

However, if you file electronically, you may file by April 2, 2007. Visit SSA's Employer Reporting Instructions and Information website at [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer) for electronic filing options.

**Extension to file.** You may request an automatic extension of time to file Forms W-2AS, W-2GU, W-2CM, or W-2VI by sending Form 8809, Application for Extension of Time To File Information Returns, to the address shown on that form. You must request the extension by the due date of Forms W-2. You will have an additional 30 days to file. See Form 8809 for details.

**Caution.** Even if you receive an extension of time to file Forms W-2AS, W-2GU, W-2CM, or W-2VI, you must still furnish the forms to your employees by January 31, 2007. But see Extension to furnish Forms W-2 to employees on page 3.

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## Where To File Copy A

Send the entire first page of this form (Copy A) with the entire Copy A page of Form W-2AS, W-2GU, W-2CM, or W-2VI 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 Pub. 15 (Circular E), Employer’s Tax Guide, for a list of IRS-approved private delivery services.

Also see *Where to file Copy 1 and Shipping and mailing later.*

## General Instructions for Form W-3SS

**Purpose of forms.** Use Copy A of Form W-3SS to transmit Copy A of Form W-2AS, W-2GU, W-2CM, or W-2VI to the Social Security Administration. File Copy 1 of Form W-3SS and Copy 1 of Form W-2AS, W-2GU, W-2CM, or W-2VI with your local tax department. Form W-2AS is used to report American Samoa wages, Form W-2GU is used to report Guam wages, Form W-2CM is used to report the Commonwealth of the Northern Mariana Islands wages, and Form W-2VI is used to report U.S. Virgin Islands wages. **Do not use these forms to report wages subject to U.S. income tax withholding.** Instead, use Form W-2 to show U.S. income tax withheld.

**Who must file.** Employers and other payers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands must report wages and withheld income, U.S. social security, and U.S. Medicare taxes to their local tax department and to the U.S. Social Security Administration (SSA).

**Household employers,** even those with only one household employee, must file Form W-3SS with Form W-2AS, W-2GU, W-2CM, or W-2VI. On Form W-3SS, check the “Hshld. emp.” checkbox in box b.

**Where to file Copy 1.** File Copy 1 of Forms W-2AS and W-3SS with the American Samoa Tax Office, Government of American Samoa, Pago Pago, AS 96799.

File Copy 1 of Forms W-2GU and W-3SS with the Department of Revenue and Taxation, Government of Guam, P.O. Box 23607, GMF, GU 96921.

File Copy 1 of Forms W-2VI and W-3SS with the V.I. Bureau of Internal Revenue, 9601 Estate Thomas, Charlotte Amalie, St. Thomas, VI 00802.

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|                                        |                                      |                                              |                                               |                                                         |                                   |
|----------------------------------------|--------------------------------------|----------------------------------------------|-----------------------------------------------|---------------------------------------------------------|-----------------------------------|
| a Control number                       |                                      | 33333                                        |                                               | For Official Use Only ▶<br>OMB No. 1545-0008            |                                   |
| b Kind of Payer                        | 941-SS <input type="checkbox"/>      | Military <input type="checkbox"/>            | 943 <input type="checkbox"/>                  | 944-SS <input type="checkbox"/>                         | 1 Wages, tips, other compensation |
|                                        | Hshld. emp. <input type="checkbox"/> | Medicare govt. emp. <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> |                                                         | 2 Income tax withheld             |
| c Total number of Forms W-2            |                                      | d Establishment number                       |                                               | 3 Social security wages                                 | 4 Social security tax withheld    |
| e Employer identification number (EIN) |                                      |                                              |                                               | 5 Medicare wages and tips                               | 6 Medicare tax withheld           |
| f Employer's name                      |                                      |                                              |                                               | 7 Social security tips                                  | 8                                 |
|                                        |                                      |                                              |                                               | 9 Advance EIC payments                                  | 10                                |
|                                        |                                      |                                              |                                               | 11 Nonqualified plans                                   | 12 Deferred compensation          |
|                                        |                                      |                                              |                                               | 13 For third-party sick pay use only                    |                                   |
|                                        |                                      |                                              |                                               | 14 Income tax withheld by payer of third-party sick pay |                                   |
| g Employer's address and ZIP code      |                                      |                                              |                                               |                                                         |                                   |
| h Other EIN used this year             |                                      |                                              |                                               |                                                         |                                   |
| i Employer's territorial ID number     |                                      |                                              |                                               |                                                         |                                   |
| -----                                  |                                      |                                              |                                               |                                                         |                                   |
| Contact person                         |                                      | Telephone number<br>( )                      |                                               | For Official Use Only                                   |                                   |
| E-mail address                         |                                      | Fax number<br>( )                            |                                               |                                                         |                                   |

**Copy 1—For Local Tax Department**

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-3SS Transmittal of Wage and Tax Statements**

**2006**

Department of the Treasury  
Internal Revenue Service

Contact the Division of Revenue and Taxation, Commonwealth of the Northern Mariana Islands, for the address to send Copy 1 of Forms W-2CM and W-3SS.

**Shipping and mailing.** If you file more than one type of form, please group forms of the same type with a separate Form W-3SS for each type. For example, send Forms W-2GU with one Form W-3SS and Forms W-2AS with a second Form W-3SS. Forms W-2AS, W-2GU, W-2CM, or W-2VI are printed two forms to a page. Send the whole page of Copies A and 1 even if one of the forms is blank or "Void." Prepare and file Forms W-2 either alphabetically by employees' last names or numerically by employees' social security numbers. Do not staple or tape the forms together and do not fold them. Send the forms in a flat mailing.

**General Instructions for Forms W-2AS, W-2GU, W-2CM, and W-2VI**

**Furnishing Copies B and C to employees.** Furnish Copies B and C of Forms W-2AS, W-2GU, W-2CM, and W-2VI to your employees by **January 31, 2007**. If employment ends before December 31, 2006, you may furnish the copies any time after employment ends but no later than January 31, 2007. If the employee asks for the form, furnish him or her the completed copies within 30 days of the request or within 30 days of the last wage payment, whichever is later. If an employee loses a form, write "REISSUED STATEMENT" on the new copy (unless it was furnished electronically), but **do not send Copy A of the reissued statement to the SSA**. Employers are not prohibited (by the Internal Revenue Code) from charging a fee for the issuance of a duplicate Form W-2AS, W-2GU, W-2CM, or W-2VI.

**Extension to furnish Forms W-2 to employees.** You may request an extension of time to furnish Forms W-2 to employees by sending a letter to:

**IRS Enterprise Computing Center—Martinsburg  
Information Reporting Program  
Attn: Extension of Time Coordinator  
240 Murall Drive  
Kearneysville, WV 25430**

Mail your letter on or before the due date for furnishing Forms W-2 to employees. It must include:

- Your name and address,
- Your employer identification number (EIN),
- A statement that you are requesting an extension to furnish "Forms W-2" to employees,
- Reason for delay, and
- Your signature or that of your authorized agent.

**Undeliverable forms.** Keep for 4 years any employee copies of Forms W-2AS, W-2GU, W-2CM, or W-2VI that you tried to deliver but could not. **Do not send undeliverable Forms W-2 to the SSA.**

**Calendar year basis.** Base all entries on Forms W-2AS, W-2GU, W-2CM, W-2VI, and W-3SS on a calendar year. Use the correct year form.

**Electronic reporting.** If you are required to file 250 or more Forms W-2AS, W-2GU, W-2CM, or W-2VI, you must file them electronically. You can get specifications for filing this information electronically by visiting Social Security's Employer Reporting Instructions and Information website at [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer) or by contacting an SSA Employer Services Liaison Officer (ESLO) at 212-264-1117 for the U.S. Virgin Islands or 510-970-8247 for Guam and American Samoa. SSA will no longer accept any type of physical media (magnetic tape, cartridge, diskette, etc.) submissions of Form W-2 reports.

If you file electronically, do not file the same returns on paper.

**Note.** You are encouraged to file electronically even if you file fewer than 250 Forms W-2.

You may request a waiver on Form 8508, Request for Waiver From Filing Information Returns Electronically/Magnetically. Submit Form 8508 to the IRS at least 45 days before the due date of Form W-2. See Form 8508 for filing information.

**Taxpayer identification numbers (TINs).** Employers use an employer identification number (EIN) (00-0000000). Employees use a social security number (SSN) (000-00-0000). When you list a number, separate the nine digits properly to show the kind of number. Do not accept an individual taxpayer identification number (ITIN) for employment purposes. For more information, see Pub. 15 (Circular E).

Social security numbers are used to record employee earnings for future social security and Medicare benefits. You must show the **correct** social security number in box d on the Form W-2AS, W-2GU, W-2CM, or W-2VI.

## Special Reporting Situations

**Corrections.** Use the current version of Form W-2c, Corrected Wage and Tax Statement, to correct errors on previously filed Forms W-2AS, W-2GU, W-2CM, or W-2VI. Always send Form W-3c, Transmittal of Corrected Wage and Tax Statements, with Forms W-2c to the SSA. See the separate Instructions for Forms W-2c and W-3c. Also, see below for information on correcting an employee's address.

If you are making an adjustment in 2006 to correct social security and Medicare taxes for a prior year, you must file Form 941c, Supporting Statement To Correct Information, with your Form 941-SS, Employer's Quarterly Federal Tax Return (Form 941, Employer's Quarterly Federal Tax Return); Form 944-SS, Employer's Annual Federal Tax Return, or Form 943, Employer's Annual Federal Tax Return for Agricultural Employees, for the return period you find the error. File Copy A of Forms W-2c and W-3c with the SSA and give the employee a copy of Form W-2c for the prior year.

**Incorrect address on employee's Form W-2.** If you filed a Form W-2 with the SSA showing an incorrect address for the employee but all other information on Form W-2 is correct, **do not file Form W-2c with the SSA merely to correct the address.**

However, if the address was incorrect on the Form W-2 furnished to the employee, **you must do one of the following:**

- Issue a new, corrected Form W-2 to the employee, including the new address. Indicate "REISSUED STATEMENT" on the new copies. **Do not send Copy A to the SSA.**
- Issue a Form W-2c to the employee showing the correct address in box f and all other correct information. **Do not send Copy A to the SSA.**
- Mail the Form W-2 with the incorrect address to the employee in an envelope showing the correct address or otherwise deliver it to the employee.

**Educational assistance programs.** A \$5,250 exclusion for employer-provided educational assistance applies to benefits provided to your employees under an educational assistance program. See Pub. 970, Tax Benefits for Education, and section 2 of Pub. 15-B for more information.

**Election workers.** Report on Form W-2AS, W-2GU, or W-2VI payments of \$600 or more to election workers for services performed in territorial, county, and municipal elections. File Form W-2AS, W-2GU, or W-2VI for payments of less than \$600 paid to election workers if social security and Medicare taxes were withheld under a section 218 (Social Security Act) agreement. **Do not** report election worker payments on Form 1099-MISC.

**Group-term life insurance.** If you paid for group-term life insurance coverage over \$50,000 for an employee or a former employee, you must report the taxable cost of excess coverage determined by using the table in section 2 of Pub. 15-B in boxes 1, 3, and 5 of Form W-2AS, W-2GU, W-2CM, or W-2VI. Also, show the amount in box 12 with code **C**. For employees, you must withhold social security and Medicare taxes, but not income tax. Former employees must pay the employee part of social security and Medicare taxes on the taxable cost of group-term life insurance coverage over \$50,000 on Form 1040. You are not required to collect those taxes. However, you must report the uncollected social security tax with code **M** and the uncollected Medicare tax with code **N** in box 12 of Form W-2AS, W-2GU, W-2CM, or W-2VI.

**Moving expenses.** Report moving expenses as follows:

- Qualified moving expenses that an employer paid to a third party on behalf of the employee (for example, to a moving company) and services that an employer furnished in kind to an employee are not reported on Form W-2AS, W-2GU, or W-2VI.

- Qualified moving expense reimbursements paid directly to an employee by an employer are reported only in box 12 of Form W-2AS, W-2GU, or W-2VI with code **P**.

- **Nonqualified** moving expense reimbursements are reported in boxes 1, 3, and 5 of Form W-2AS, W-2GU, or W-2VI. These amounts are subject to income tax withholding and social security and Medicare taxes.

**Sick pay.** Sick pay paid to an employee by a third party, such as an insurance company or trust, requires special treatment because the IRS reconciles Forms 941-SS with the Forms W-2AS, W-2GU, W-2CM, or W-2VI and Form W-3SS. See *Sick Pay Reporting* in section 6 of Pub. 15-A for specific reporting instructions.

**Terminating a business.** If you terminate your business, you must provide Forms W-2AS, W-2GU, W-2CM, or W-2VI to your employees for the calendar year of termination by the due date of your final Form 941-SS (Form 941) or Form 944-SS (Form 944). You must also file Forms W-2AS, W-2GU, W-2CM, or W-2VI with the SSA by the last day of the month that follows the due date of your final Form 941-SS (Form 941), or Form 944-SS (Form 944). However, if any of your employees are immediately employed by a successor employer, see Rev. Proc. 2004-53. You can find Rev. Proc. 2004-53 on page 320 of Internal Revenue Bulletin 2004-53 at [www.irs.gov/pub/irs-irbs/irb04-34.pdf](http://www.irs.gov/pub/irs-irbs/irb04-34.pdf). Also see Rev. Proc. 96-57, 1996-2 C.B. 389, for information on automatic extensions for furnishing Forms W-2AS, W-2GU, W-2CM, or W-2VI to employees and filing them with the SSA. You can find Rev. Proc. 96-57 on page 14 of Internal Revenue Bulletin 1996-53 at [www.irs.gov/pub/irs-irbs/irb96-53.pdf](http://www.irs.gov/pub/irs-irbs/irb96-53.pdf).

## Specific Instructions for Forms W-2AS, W-2GU, and W-2VI

Because Copy A of Forms W-2AS, W-2GU, and W-2VI is read by machine, **please type entries**, if possible, using 12-point Courier font. **Make all dollar entries without the dollar sign and comma but with the decimal point (00000.00).** If a box does not apply, leave it blank. Keep Copy D, and a copy of Form W-3SS, with your records for 4 years.

**Box a—Control number.** You may use this box to identify individual forms. **Make certain that entries do not cross over into the form identification box (22222).** You do not have to use this box.

**Void.** Check this box when an error is made on a Form W-2AS, W-2GU, or W-2VI and you are voiding it because you will complete a new form. **Be careful not to include any amounts shown on "Void" forms in the totals you enter on Form W-3SS.**

**Box b—Employer identification number (EIN).** Show the employer identification number (EIN) assigned to you by the IRS (00-0000000). This should be the same number that you used on your Form 941-SS (Form 941), Form 944-SS (Form 944), or Form 943. Do not use a prior owner's EIN. If you do not have an EIN, enter "Applied For" in box b; do not use your SSN. File Form SS-4, Application for Employer Identification Number, to get an EIN. See *Terminating a business*, above.

**Box c—Employer's name, address, and ZIP code.** This entry should generally be the same as shown on your Form 941-SS (Form 941), Form 944-SS (Form 944), or Form 943.

**Box d—Employee's social security number.** Enter the number shown on the employee's social security card. If the employee does not have a card, he or she should apply for one by completing Form SS-5, Application for a Social Security Card. If the employee has applied for a card, enter "Applied For" in box d.

**Boxes e and f—Employee's name and address.** Enter the name as shown on the employee's social security card (first, middle initial, last). **Generally, do not enter "Jr.," "Sr.," etc. on Copy A unless the suffix appears on the card.** (You may enter an employee's name suffix in the designated area of box e. However, SSA prefers that you do not enter the suffix on Copy A.) If the name does not fit, you may show first name initial, middle initial, and last name (and ignore the vertical lines). If the name has changed, the employee must get a corrected card from any SSA office. Use the name on the original card until you see the corrected one. **Do not show titles or academic degrees, such as "Dr.," "RN," or "Esq.," at the beginning or end of the employee's name.**



Include in the address the number, street, apartment or suite number (or P.O. box number if mail is not delivered to a street address).

Third-party payers of sick pay filing third-party sick pay recap Forms W-2AS, W-2GU, W-2CM, or W-2VI must enter "Third-Party Sick Pay Recap" in place of the employee's name in box e. See *Sick Pay Reporting* in Pub. 15-A.

**Box 1—Wages, tips, other compensation.** Show, before any payroll deductions, the total wages, tips, and other compensation such as: (a) wages, bonuses, prizes, and awards, (b) noncash payments, including certain fringe benefits, (c) tips reported, (d) taxable cost of group-term life insurance over \$50,000, (e) distributions from a nonqualified or nongovernmental section 457(b) plan, and (f) cost of current insurance protection under a compensatory split-dollar life insurance arrangement. Other compensation is amounts you pay the employee from which income tax is not withheld. You may show other compensation on a separate Form W-2AS, W-2GU, or W-2VI.

**Note.** Show payments to statutory employees that are subject to social security and Medicare taxes but not subject to income tax withholding in box 1 as other compensation. See Pub. 80 (Circular SS), Federal Tax Guide for Employers in the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, for the definition of a statutory employee.

**Box 2—Income tax withheld.** Show the total American Samoa, Guam, or U.S. Virgin Islands income tax withheld. Do not reduce this amount by any advance EIC payments.

**Box 3—Social security wages.** Show the total wages paid (before payroll deductions) subject to employee social security tax. Do not include tips. The total of boxes 3 and 7 cannot be more than \$94,200 (2006 maximum social security wage base). Generally, noncash payments are considered wages. See Pub. 80 (Circular SS) for more information.

**Box 4—Social security tax withheld.** Show the total employee social security tax (not your share) withheld or paid by you for the employee, including social security tax on tips. Include only tax withheld (or paid by you for the employee) for 2006 wages and tips. The amount shown should not exceed \$5,840.40 ( $\$94,200 \times 6.2\%$ ).

**Box 5—Medicare wages and tips.** Show the total wages paid and tips reported subject to employee Medicare tax. There is no wage base limit for Medicare tax.

**Box 6—Medicare tax withheld.** Show the total employee Medicare tax (not your share) withheld or paid by you for the employee. Include only tax withheld for 2006 wages and tips. The rate is 1.45% of all wages and tips.

**Box 7—Social security tips.** Show the tips that the employee reported to you even if you did not have enough employee funds to collect the social security tax for the tips. The total of boxes 3 and 7 should not be more than \$94,200 (for 2006). Report all tips in box 1 along with wages and other compensation.

**Box 9—Advance EIC payment.** (Forms W-2GU and W-2VI only.) Show the total advance earned income credit (EIC) paid to the employee.

**Box 11—Nonqualified plans.** The purpose of box 11 is for the SSA to determine if any part of the amount reported in box 1 or boxes 3 and/or 5 was earned in a prior year. The SSA uses this information to verify that they have properly applied the social security earnings test and paid the correct amount of benefits.

Show **distributions** to an employee from a nonqualified or nongovernmental section 457(b) plan. Also report the distributions in box 1. Make only one entry in this box. Distributions from governmental section 457(b) plans must be reported on Form 1099-R, not in box 1 of Forms W-2AS, W-2GU, or W-2VI.

**If you did not make distributions this year, show deferrals (plus earnings) under a nonqualified or any section 457(b) plan that became taxable for social security and Medicare taxes during the year (but were for prior year services)** because the deferred amounts were no longer subject to a substantial risk of forfeiture. Also report these amounts in boxes 3 (up to the social security wage base) and 5. **Do not report in box 11 deferrals that are included in boxes 3 and/or 5 and that are for current year services** (such as, those that have no risk of forfeiture).

**Caution.** If you made distributions and you are also reporting any deferrals in boxes 3 and/or 5, do not complete box 11. See Pub. 957, Reporting Back Pay and Special Wage Payments to the Social Security Administration, and Form SSA-131, Employer Report of Special Wage Payments, for special reporting instructions for these and other kinds of compensation earned in prior years. However, do not file Form SSA-131 if this situation applies but the employee will not be age 62 or older by the end of that year.

**Note.** Do not report special wage payments, such as accumulated sick or vacation pay, in box 11. For more information or reporting special wage payments, see Pub. 957, Reporting Back Pay and Special Wage Payments to the Social Security Administration.

**Box 12—Codes.** Complete and code this box for all items described below. On Copy A, do not enter more than four items in box 12. If more than four items need to be reported in box 12, use a separate Form W-2AS, W-2GU, or W-2VI for additional items. You may enter more than four items on all other copies when using an approved substitute form.

**Show the IRS code (using a capital letter or letters) to the left of the vertical line in boxes 12a–d and the money amount to the right of the vertical line** using decimal points but no dollar signs or commas, (for example, D 5300.00).

**Code A—Uncollected social security tax on tips.** Show the employee social security tax on tips that you could **not** collect because the employee did not have enough funds from which to deduct it. Do not include this amount in box 4.

**Code B—Uncollected Medicare tax on tips.** Show the employee Medicare tax on tips that you could **not** collect because the employee did not have enough funds from which to deduct it. Do not include this amount in box 6.

**Code C—Taxable cost of group-term life insurance over \$50,000.** Show the taxable cost of group-term life insurance coverage over \$50,000 provided to your employee (including a former employee). Also include this amount in boxes 1, 3 (up to the social security wage base), and 5.

**Codes D through H, S, Y, AA, and BB.** Use these codes to show pre-tax elective deferrals and designated Roth contributions made to the plans listed. Do not report amounts for other types of plans. The *Example* following *Code D* shows how to report elective deferrals to a section 401(k) plan.

Report as elective deferrals and designated Roth contributions only the part of the employee's salary (or other compensation) that he or she did not receive because of the deferrals or designated Roth contributions. For section 457(b) plans, report both elective and nonelective deferrals using code **G**.

For employees who were 50 years of age or older at any time during the year and made elective deferral and/or designated Roth "catch-up" contributions, report the elective deferrals and the elective deferral "catch-up" contributions as a single sum in box 12 using the appropriate code, and the designated Roth contributions and the designated Roth "catch-up" contributions as a single sum in box 12 using the appropriate code.

**The following are not elective deferrals and may be reported in box 14, but not in box 12:** (a) nonelective employer contributions on behalf of an employee; (b) after-tax contributions that are not designated Roth contributions, such as voluntary contributions to a pension plan that are deducted from an employee's pay; and (c) required employee and employer matching contributions. See the instructions below in Codes **AA** and **BB** for reporting designated Roth contributions.

**Code D—Elective deferrals to a section 401(k) cash or deferred arrangement (plan).** Also show deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**Example of reporting elective deferrals and designated Roth contributions to a section 401(k) plan.** For 2006, Employee A (age 45) elected to defer \$15,500 to a section 401(k) plan, made a designated Roth contribution of \$1,000 to the plan, and made a voluntary (non-Roth) after-tax contribution of \$600. In addition, the employer, on A's behalf, made a qualified nonelective contribution of \$2,000 to the plan and a nonelective profit-sharing employer contribution of \$3,000.

The total elective deferral of \$15,500 is reported in box 12 with code **D** (D 15500.00), and the designated Roth contribution is reported in box 12 with code **AA** (AA 1000.00). Even though the 2006 limit for elective deferrals and designated Roth contributions is \$15,000, the employer must separately report the actual amounts of \$15,500 and \$1,000 in box 12. The return of excess salary deferrals and excess designated Roth contributions, including earnings on both, is reported on Form 1099-R.

The \$600 voluntary after-tax contribution may be reported in box 14 (this is optional) but not in box 12. The \$2,000 nonelective contribution and the \$3,000 nonelective profit-sharing employer contribution are not required to be reported on Form W-2AS, W-2GU, or W-2VI, but may be reported in box 14.

Check the "Retirement plan" box in box 13.

**Code E—Elective deferrals under a section 403(b) salary reduction agreement.**

**Code F—Elective deferrals under a section 408(k)(6) salary reduction SEP.**

**Code G—Elective deferrals and employer contributions (including nonelective deferrals) to any governmental or nongovernmental section 457(b) deferred compensation plan.** Do not report either section 457(b) or section 457(f) amounts that are subject to a substantial risk of forfeiture.

**Code H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan.** Be sure to include this amount in box 1 as wages. The employee will deduct the amount on his or her income tax return.

**Code J—Nontaxable sick pay.** Show any sick pay that was paid by a third-party and was **not** includible in income (and **not** shown in boxes 1, 3, and 5) because the employee contributed to the sick pay plan.

**Code M—Uncollected social security tax on taxable cost of group-term life insurance over \$50,000 (for former employees).** If you provided your former employees (including retirees) more than \$50,000 of group-term life insurance coverage for periods during which an employment relationship no longer exists, enter the amount of uncollected social security tax on the coverage in box 12. See *Group-term life insurance* on page 4.

**Code N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (for former employees).** Enter any uncollected Medicare tax on the cost of group-term life insurance coverage over \$50,000 for your former employees. See *Code M* above.

**Code P—Excludable moving expense reimbursements paid directly to employee.** Show the total moving expense reimbursements that you paid directly to your employee for qualified (deductible) moving expenses. See *Moving expenses* on page 4.

**Code R—Employer contributions to an Archer MSA.** Show any employer contributions to an Archer MSA.

**Code S—Employee salary reduction contributions under a section 408(p) SIMPLE.** Show deferrals under a section 408(p) salary reduction SIMPLE retirement account. However, if the SIMPLE is part of a section 401(k) arrangement, use code **D**.

**Code T—Adoption benefits.** Show the total that you paid or reimbursed for qualified adoption expenses furnished to your employee under an adoption assistance program. Also include adoption benefits paid or reimbursed from the pre-tax contributions made by the employee to a section 125 (cafeteria) plan. However, do not include adoption benefits forfeited from a section 125 (cafeteria) plan. Report all amounts including those in excess of the \$10,960 exclusion.

**Code V—Income from the exercise of nonstatutory stock option(s).** Show the spread (that is, fair market value of stock over the exercise price of option(s) granted to your employee with respect to that stock) from your employee's (or former employee's) exercise of nonstatutory stock option(s). Include this amount in boxes 1, 3 (up to social security wage base), and 5.

This reporting requirement does not apply to the exercise of a statutory stock option, or the sale or disposition of stock acquired pursuant to the exercise of a statutory stock option. For more information concerning stock options, see Pub. 15-B, *Employer's Tax Guide to Fringe Benefits*.

**Code W—Employer contributions to an employee's Health Savings Account (HSA).** Show any employer contributions (including amounts the employee elected to pay under a section 125 (cafeteria) plan) to your employee's Health Savings Account (HSA).

See Notice 2004-2 and Notice 2004-50 for more information about HSAs. You can find Notice 2004-2 on page 269 of Internal Revenue Bulletin 2004-2 at [www.irs.gov/pub/irs-irbs/irb04-02.pdf](http://www.irs.gov/pub/irs-irbs/irb04-02.pdf). You can find Notice 2004-50 on page 196 of Internal Revenue Bulletin 2004-33 at [www.irs.gov/pub/irs-irbs/irb04-33.pdf](http://www.irs.gov/pub/irs-irbs/irb04-33.pdf). See also Form 8889, *Health Savings Accounts (HSAs)*, and Pub. 969, *Health Savings Accounts and Other Tax-Favored Health Plans*.

**Code Y—Deferrals under a section 409A, nonqualified deferred compensation plan.** Include current year deferrals under a section 409A deferred compensation plan. Any earnings during the year on current year and prior year deferrals must also be reported here.

**Code Z—Income under section 409A on a nonqualified deferred compensation plan.** Show any income under section 409A on a nonqualified deferred compensation plan that was included in box 1. This income is subject to an additional tax reported on the employee's tax return.

**Code AA—Designated Roth contributions to a section 401(k) plan.** Use this code to report designated Roth contributions to a section 401(k) plan. Do not use this code to report elective deferrals under code **D**.

**Code BB—Designated Roth contributions under a section 403(b) salary reduction agreement.** Use this code to report designated Roth contributions under a section 403(b) salary reduction agreement. Do not use this code to report elective deferrals under code **E**.

**Box 13—Checkboxes.** Check all boxes that apply.

• **Statutory employee.** Check this box for statutory employees whose earnings are subject to social security and Medicare taxes but not subject to income tax withholding. Do not check this box for common law employees. See Pub. 80 (Circular SS) for more information on statutory employees.

• **Retirement plan.** Check this box if the employee was an "active participant" (for any part of the year) in any of the following:

1. A qualified pension, profit-sharing, or stock bonus plan described in section 401(a) (including a 401(k) plan).
2. An annuity plan described in section 403(a).
3. An annuity contract or custodial account described in section 403(b).
4. A simplified employee pension (SEP) plan described in section 408(k).
5. A SIMPLE retirement account described in section 408(p).
6. A trust described in section 501(c)(18).
7. A plan for federal, state, or local government employees or by an agency or instrumentality thereof (other than a section 457(b) plan).

Generally, an employee is an **active participant** if covered by (a) a defined benefit plan for any tax year that he or she is eligible to participate or (b) a defined contribution plan (for example, a section 401(k) plan) for any tax year that employer or employee contributions (or forfeitures) are added to his or her account. For additional information on employees who are eligible to participate in a plan, contact your plan administrator.

For details on the active participant rules, see Notice 87-16, 1987-1 C.B. 446, Notice 98-49, 1998-2 C.B. 365, section 219(g)(5), and Pub. 590, *Individual Retirement Arrangements (IRAs)*. You can find Notice 98-49 on page 5 of Internal Revenue Bulletin 1998-38 at [www.irs.gov/pub/irs-irbs/irb98-38.pdf](http://www.irs.gov/pub/irs-irbs/irb98-38.pdf).

**Do not check this box for contributions made to a nonqualified or section 457(b) plan.**

• **Third-party sick pay.** Check this box **only** if you are a third-party sick pay payer filing a Form W-2AS, W-2GU, or W-2VI for an insured's employee or are an employer reporting sick pay payments made by a third party. See *Sick Pay Reporting* in section 6 of Pub. 15-A.

**Box 14—Other.** The lease value of a vehicle provided to your employee and reported in box 1 must be reported here or on a separate statement to your employee. You may use this box for any other information that you want to give to your employee, such as health insurance premiums deducted, union dues, voluntary after-tax contributions (but not designated Roth contributions) to a pension plan, or nontaxable income. **Clearly label each entry.**

## Specific Instructions for Form W-3SS

**How to complete Form W-3SS.** Please type or print entries. Make all entries without the dollar sign and comma but with the decimal point (00000.00). If a box does not apply, leave it blank.

**Box a—Control number.** This is an optional box that you may use for numbering the whole transmittal. **Make certain that entries do not crossover into the form identification box (33333).**

**Box b—Kind of Payer.** Check only **one** box **unless** the second, marked checkbox is "Third-party sick pay." If you have more than one type of Form W-2AS, W-2GU, W-2CM, or W-2VI, send each type with a separate Form W-3SS.



**941-SS.** Check this box if you file Form 941-SS and no other category (except “Third-party sick pay”) applies. A church or church organization should check this box even if it is not required to file Form 941-SS or Form 944-SS.

**Military.** Check this box if you are a military employer sending Forms W-2AS, W-2GU, W-2CM, or W-2VI for members of the uniformed services.

**943.** Check this box if you file Form 943 and are sending forms for **agricultural** employees. For nonagricultural employees, send their Forms W-2AS, W-2GU, W-2CM, or W-2VI with a separate Form W-3SS.

**944-SS.** Check this box if you file Form 944-SS and no other category applies.

**Hshld. emp.** Check this box if you are a **household employer** sending Form W-2AS, W-2GU, W-2CM, or W-2VI for household employees, and you did not include the household employee’s taxes on Form 941-SS, Form 944-SS or Form 943.

**Medicare government employee.** Check this box if you are a U.S. or a U.S. Virgin Islands government employer with employees subject only to the 1.45% Medicare tax.

**Third-party sick pay.** Check this box (and **one** other checkbox) if you are a third-party sick pay payer (or are reporting payments made by a third party) filing Form(s) W-2AS, W-2GU, or W-2VI with the “Third-party sick pay” box in box 13 checked.

**Box c—Total number of Forms W-2.** Show the number of **completed** individual Forms W-2AS, W-2GU, W-2CM, or W-2VI filed with this Form W-3SS. Do not count “Void” forms.

**Box d—Establishment number.** You may use this box to identify separate establishments in your business. You may file a separate Form W-3SS, with Forms W-2AS, W-2GU, W-2CM, or W-2VI, for each establishment even if they all have the same EIN, or you may use a single Form W-3SS for all Forms W-2 of the same type.

**Box e—Employer identification number (EIN).** If you received a preprinted Form W-3SS from the IRS with Pub. 80 (Circular SS), make any necessary corrections on the form. If you are not using a preprinted IRS Form W-3SS, enter the nine-digit EIN assigned to you by the IRS. The EIN should be the same as shown on your Form 941-SS, Form 944-SS, or Form 943 and in the following format: 00-0000000. **Do not use a prior owner’s EIN.** If you do not have an EIN, see *Box b* on page 4. See also *Box h* below.

**Boxes f and g—Employer’s name and address.** If you are not using a preprinted Form W-3SS, enter your name and address as shown on your Form 941-SS, Form 944-SS or Form 943. Make any necessary corrections on your preprinted Form W-3SS.

**Box h—Other EIN used this year.** If you have used an EIN (including a prior owner’s EIN) on Form 941-SS, Form 944, or Form 943 submitted for 2006 that is different from the EIN reported in box e on this form, enter the other EIN used.

**Contact person, telephone number, fax number, and e-mail address.** Please enter this information for use by the SSA if questions arise during processing.

**Boxes 1 through 7.** Enter the totals reported in boxes 1 through 7 of Forms W-2AS, W-2GU, W-2CM, or Form W-2VI being filed with this Form W-3SS.

**Box 9—Advance EIC payments.** Enter the total advance EIC payments shown on Form W-2GU or Form W-2VI only.

**Box 11—Nonqualified plans.** Enter the total reported in box 11 on Forms W-2AS, W-2GU, W-2CM, or W-2VI being filed with this Form W-3SS.

**Box 12—Deferred compensation.** Enter one total for all amounts reported with codes **D-H, S, Y, AA, and BB** in box 12 of Forms W-2AS, W-2GU, or W-2VI. Do not enter a code.

**Box 13—For third-party sick pay use only.** Third-party payers of sick pay (or employers using the optional rule for Form W-2 described in section 6 of Pub. 15-A) filing third-party sick pay recap Forms W-2 and W-3SS must enter “Third-Party Sick Pay Recap” in this box. See Sick Pay Reporting in Pub. 15-A for details.

**Box 14—Income tax withheld by payer of third-party sick pay.** Complete this box **only** if you are the employer and have employees who had income tax withheld on third-party payments of sick pay. Show the total income tax withheld by third-party payers on payments to all of your employees. Although this tax is included in the box 2 total, it must be shown separately here.

**Box 15—Type of form.** Check this box for the type of forms you are submitting with this Form W-3SS.

**Signature.** The signature on Copies A and 1 of Form W-3SS must be an **original** (not a copy).

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on Forms W-2AS, W-2GU, W-2CM, W-2VI, and W-3SS to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Section 6051 and its regulations require you to furnish wage and tax statements to employees and to the Social Security Administration. Section 6109 requires you to provide your employer identification number. If you fail to provide this information in a timely manner, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the Internal Revenue Service to disclose or give the information shown on your return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file these forms will vary depending on individual circumstances. The estimated average times are: **Form W-2AS**—23 minutes; **Form W-2GU**—24 minutes; **Form W-2VI**—24 minutes; **Form W-3SS**—24 minutes.

If you have comments concerning the accuracy of these time estimates or suggestions for making these forms simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Forms W-2AS, W-2GU, W-2VI, or W-3SS to this address. Instead, see *Where To File Copy A* on page 2.