

DO NOT STAPLE OR FOLD

33333		a Control number		For Official Use Only ▶				
		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	2 Income tax withheld		
	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>		3 Social security wages	4 Social security tax withheld		
c Total number of Forms W-2		d Establishment number		5 Medicare wages and tips		6 Medicare tax withheld		
e Employer identification number (EIN)				7 Social security tips		8		
f Employer's name				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				15 Check the appropriate box				
i Employer's territorial ID number				Type of Form ▶	W-2AS <input type="checkbox"/>	W-2CM <input type="checkbox"/>	W-2GU <input type="checkbox"/>	W-2VI <input type="checkbox"/>
Contact person		Telephone number		For Official Use Only				
		( )						
Email 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

2009

Department of the Treasury  
Internal Revenue Service

Send this entire page with the entire Copy A page of Forms W-2AS, W-2CM, W-2GU, or Form W-2VI to the Social Security Administration (SSA). Photocopies are not acceptable.

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

**Reminders**

**Separate instructions.** See the 2009 Instructions for Forms W-2AS, W-2GU, W-2VI, and Form W-3SS for information on completing this form.

**Purpose of Form**

Use Form W-3SS to transmit Copy A of Forms W-2AS, W-2CM, W-2GU, and W-2VI. Make a copy of Form W-3SS and keep it with Copy D (From Employer) of Forms W-2AS, W-2CM, W-2GU, or Form W-2VI for your records. Use Form W-3SS for the correct year. **File Form W-3SS even if only one Form W-2AS, W-2CM, W-2GU, or W-2VI is being filed.** However, if you are filing your wage and tax information electronically, **do not** file Form W-3SS.

**When To File**

File Copy A of Form W-3SS with Copy A of Form W-2AS, W-2CM, W-2GU, or Form W-2VI by March 1, 2010.

**Where To File**

Send this form with the entire Copy A page of Form W-2AS, W-2CM, W-2GU, 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* below.

**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.

Contact the Division of Revenue and Taxation, Commonwealth of the Northern Mariana Islands at (670) 664-1000, for the address to send Copy 1 of Forms W-2CM and W-3SS.

**For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

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h Other EIN used this year							
i Employer's territorial ID number							
Contact person				Telephone number ( )	For Official Use Only		
Email address				Fax number ( )			

**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 ▶ \_\_\_\_\_