

DO NOT STAPLE OR FOLD

<b>33333</b>		<b>a</b> Control number		<b>For Official Use Only ▶</b> OMB No. 1545-0008	
<b>b</b> 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>e</b> Employer identification number (EIN)				<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld
<b>f</b> Employer's name				<b>7</b> Social security tips	<b>8</b>
				<b>9</b> Advance EIC payments	<b>10</b>
				<b>11</b> Nonqualified plans	<b>12a</b> Deferred compensation
				<b>13</b> For third-party sick pay use only	<b>12b</b> HIRE exempt wages and tips
<b>g</b> Employer's address and ZIP code				<b>14</b> Income tax withheld by payer of third-party sick pay	
<b>h</b> Other EIN used this year				<b>15</b> Check the appropriate box	
<b>i</b> 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** **2010**

Department of the Treasury  
Internal Revenue Service

**Send this entire page with the entire Copy A page of Form(s) W-2AS, W-2CM, W-2GU, or 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 2010 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 paper 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 (employer's copy) of Forms W-2AS, W-2CM, W-2GU, or 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**

Mail Copy A of Form W-3SS with Copy A of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI by February 28, 2011.

**Where To File**

Send this entire page with the entire Copy A page of Form(s) 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.

**Where to file Copy 1.** File Copy 1 of Forms W-2AS and W-3SS with the Tax Division, 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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33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008	
b Kind of Payer	941-SS	Military	943	944-SS	1 Wages, tips, other compensation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Income tax withheld
	Hshld. emp.	Medicare govt. emp.	Third-party sick pay		3 Social security wages
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		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	12a Deferred compensation
				13 For third-party sick pay use only	12b HIRE exempt wages and tips
				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	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 ▶

**Form W-3SS Transmittal of Wage and Tax Statements**

**2010**

Department of the Treasury  
Internal Revenue Service