

DO NOT STAPLE OR FOLD

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|---|--|---------------------------------|-----------------------------------|---|---------------------------------|--|---|
| 33333 | | a Control number | | For Official Use Only ▶ OMB No. 1545-0008 | | | |
| b Kind of Payer (Check one) | | <input type="checkbox"/> 941-SS | <input type="checkbox"/> Military | <input type="checkbox"/> 943 Hshld. emp. | <input type="checkbox"/> 944-SS | <input type="checkbox"/> Medicare govt. emp. | Kind of Employer (Check one) |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/> Third-party sick pay (Check if applicable) |
| c Total number of Forms W-2 | | d Establishment number | | 1 Wages, tips, other compensation | | 2 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 | |
| | | | | 7 Social security tips | | 8 | |
| | | | | 9 | | 10 | |
| g Employer's address and ZIP code | | | | 11 Nonqualified plans | | 12a Deferred compensation | |
| h Other EIN used this year | | | | 13 For third-party sick pay use only | | 12b | |
| 15 Employer's territorial ID number | | | | 14 Income tax withheld by payer of third-party sick pay | | | |
| | | | | 18 Check the appropriate box | | | |
| | | | | Type of Form ▶ <input type="checkbox"/> 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 | 2011 | 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 2011 Instructions for Forms W-2AS, W-2GU, W-2VI, and 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 29, 2012.

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**

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

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 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, Attn: Income Tax Branch, 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.

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| b Kind of Payer (Check one) | 941-SS | Military | 943 | 944-SS | Kind of Employer (Check one) | None apply | 501c non-govt. | Third-party sick pay (Check if applicable) |
| | <input type="checkbox"/> | <input type="checkbox"/> | Hshld. emp. <input type="checkbox"/> | Medicare govt. emp. <input type="checkbox"/> | | State/local non-501c <input type="checkbox"/> | State/local 501c <input type="checkbox"/> | |
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| 15 Employer's territorial ID number | | | | 14 Income tax withheld by payer of third-party sick pay | | | | |
| | | | | | | | | |
| 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

2011

Department of the Treasury
Internal Revenue Service