

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> <b>Kind of Payer</b> (Check one)	941-SS <input type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944 <input type="checkbox"/>	<b>Kind of Employer</b> (Check one)	None apply <input type="checkbox"/>	501c non-govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <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"/>	
<b>c</b> Total number of Forms W-2		<b>d</b> Establishment number		<b>1</b> Wages, tips, other compensation		<b>2</b> Income tax withheld		
<b>e</b> Employer identification number (EIN)				<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
<b>f</b> Employer's name				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		
				<b>7</b> Social security tips		<b>8</b>		
				<b>9</b>		<b>10</b>		
<b>g</b> Employer's address and ZIP code				<b>11</b> Nonqualified plans		<b>12a</b> Deferred compensation		
<b>h</b> Other EIN used this year				<b>13</b> For third-party sick pay use only		<b>12b</b>		
<b>15</b> Employer's territorial ID number				<b>14</b> Income tax withheld by payer of third-party sick pay				
				<b>18</b> Check the appropriate box Type of Form ▶ W-2AS <input type="checkbox"/> W-2CM <input type="checkbox"/> W-2GU <input type="checkbox"/> W-2VI <input type="checkbox"/>				
Employer's contact person				Employer's telephone number		For Official Use Only		
Employer's fax number				Employer's email address				

**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** **2014** 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 Form W-3SS if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Form(s) W-2AS, W-2CM, W-2GU, W-2VI, and W-3SS.

**Reminder**

**Separate instructions.** See the 2014 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3SS for Form(s) W-2AS, W-2CM, W-2GU, or W-2VI that were submitted electronically to the SSA.

**Purpose of Form**

A Form W-3SS Transmittal is completed only when paper Copy A of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI is being filed. Do not file Form W-3SS alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3SS even if only one paper Form W-2AS, W-2CM, W-2GU, or W-2VI is being filed. Make sure both the Form W-3SS and Form(s) W-2AS, W-2CM, W-2GU, or W-2VI 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-2AS, W-2CM, W-2GU, or W-2VI for your records. The IRS recommends retaining copies of these forms for four years.

**E-Filing**

The SSA strongly suggests employers report Form W-3SS and Form(s) W-2AS, W-2CM, W-2GU, or W-2VI 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-2AS, W-2CM, W-2GU, or W-2VI 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 March 31, 2015. For more information, go to [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer) and select "First Time Filers" or "Returning Filers" under "BEFORE YOU FILE."

**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 March 2, 2015.

**Where To File Paper Forms**

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.

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

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<b>33333</b>	<b>a</b> Control number <input type="checkbox"/> 941-SS <input type="checkbox"/> Military <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> Medicare govt. emp.	<b>For Official Use Only ▶</b> <b>OMB No. 1545-0008</b>	
<b>b</b> Kind of Payer (Check one)	<b>Kind of Employer</b> (Check one)	<input type="checkbox"/> None apply <input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt.	<input type="checkbox"/> Third-party sick pay (Check if applicable)
<b>c</b> Total number of Forms W-2	<b>d</b> Establishment number	<b>1</b> Wages, tips, other compensation	<b>2</b> Income tax withheld
<b>e</b> Employer identification number (EIN)		<b>3</b> Social security wages	<b>4</b> Social security tax withheld
<b>f</b> Employer's name		<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld
<b>g</b> Employer's address and ZIP code		<b>7</b> Social security tips	<b>8</b>
<b>h</b> Other EIN used this year		<b>9</b>	<b>10</b>
<b>15</b> Employer's territorial ID number		<b>11</b> Nonqualified plans	<b>12a</b> Deferred compensation
<b>13</b> For third-party sick pay use only		<b>12b</b>	<b>14</b> Income tax withheld by payer of third-party sick pay
Employer's contact person		Employer's telephone number	For Official Use Only
Employer's fax number		Employer's email address	

**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**

2014

Department of the Treasury  
Internal Revenue Service

**Where To File.**

For more information about where to file Copy 1, contact your state, city, or local tax department.

**American Samoa.** File Copy 1 of Form W-3SS and Forms W-2AS at the following address.

**American Samoa Tax Office**  
**Executive Office Building**  
**First Floor**  
**Pago Pago, AS 96799**

**Guam.** File Copy 1 of Form W-3SS and Forms W-2GU at the following address.

**Guam Department of Revenue and Taxation**  
**P.O. Box 23607**  
**GMF, GU 96921**

**U.S. Virgin Islands.** File Copy 1 of Form W-3SS and Forms W-2VI at the following address.

**Virgin Islands Bureau of Internal Revenue**  
**6115 Estate Smith Bay**  
**Suite 225**  
**St. Thomas, VI 00802**

**Commonwealth of the Northern Mariana Islands.** File Form OS-3710 and Copy 1 of Forms W-2CM at the following address.

**Division of Revenue and Taxation**  
**Commonwealth of the Northern Mariana Islands**  
**P.O. Box 5234 CHRB**  
**Saipan, MP 96950**