

**DO NOT STAPLE**

33333 .85 in		a Control number 1.65 in		For Official Use Only: OMB No. 1545-0008 5.00 in				
b Kind of Payer (Check one) 1.20 in .50 in		<input type="checkbox"/> 941 Military <input type="checkbox"/> CT-1 <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> Medicare govt. emp.		<input type="checkbox"/> 943 <input type="checkbox"/> 944		<input type="checkbox"/> None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt.		Third-party sick pay (Check if applicable) .14 in
c Total number of Forms W-2 1.60 in		d Establishment number 1.60 in		1 Wages, tips, other compensation		2 Federal income tax withheld		
e Employer identification number (EIN) 1.60 in				3 Social security wages		4 Social security tax withheld		
f Employer's name 4.67 in				5 Medicare wages and tips		6 Medicare tax withheld		
				7 Social security tips 2.15 in		8 Allocated tips 2.15 in		
g Employer's address and ZIP code 3.20 in				9		10 Dependent care benefits		
				11 Nonqualified plans		12a Deferred compensation		
h Other EIN used this year				13 For third-party sick pay use only		12b		
15 State		Employer's state ID number 2.60 in		14 Income tax withheld by payer of third-party sick pay				
16 State wages, tips, etc. .60 in		17 State income tax		18 Local wages, tips, etc.		19 Local income tax .33 in		
Employer's contact person				Employer's telephone number		For Official Use Only		
Employer's fax number				Employer's email address				

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-3** Transmittal of Wage and Tax Statements **2023** Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

**Reminder**

Separate instructions. See the 2023 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

**Purpose of Form**

Complete a Form W-3 transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 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-2 for your records. The IRS recommends retaining copies of these forms for 4 years.

**E-Filing**

The SSA strongly suggests employers report Form W-3 and Forms W-2 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-2 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 January 31, 2024. For more information, go to www.SSA.gov/bsa. First-time filers, select "Register"; returning filers, select "Log In."

**When To File Paper Forms**

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2024.

**Where To File Paper Forms**

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration  
Direct 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.