

DO NOT STAPLE

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|--|--|--|---|---|--|
| 33333 | a Control number 0 SAMPLE | For Official Use Only ▶ OMB No. 1545-0008 | | | |
| b Kind of Payer (Check one) | 941 <input checked="" type="checkbox"/> CT-1 942 <input type="checkbox"/> Hshld. emp. 943 <input type="checkbox"/> Medicare govt. emp. 944 <input type="checkbox"/> | Kind of Employer (Check one) | None apply <input checked="" type="checkbox"/> State/local non-501c <input type="checkbox"/> | 501c non-govt. State/local 501c <input type="checkbox"/> | Federal govt. <input type="checkbox"/> Third-party sick pay (Check if applicable) <input type="checkbox"/> |
| | c Total number of Forms W-2 2 | | d Establishment number | 1 Wages, tips, other compensation 16743.87 | 2 Federal income tax withheld 1935.99 |
| e Employer identification number (EIN) 95-1234557 | | 3 Social security wages 16743.87 | 4 Social security tax withheld 1038.12 | | |
| f Employer's name JOHN SMITH | | 5 Medicare wages and tips 16743.87 | 6 Medicare tax withheld 242.79 | | |
| g Employer's address and ZIP code WASHINGTON NAILS & SPA 1234 SUNSET BLVD. WESTMINSTER, CA 92683 | | 7 Social security tips | 8 Allocated tips | | |
| | | 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 CA | Employer's state ID number 321-1234-1 | 14 Income tax withheld by payer of third-party sick pay | | | |
| 16 State wages, tips, etc. 16743.87 | 17 State income tax 484.12 | 18 Local wages, tips, etc. | 19 Local income tax | | |
| Employer's contact person TIEN P VAN, E.A. | | Employer's telephone number (714) 531-3637 | | For Official Use Only | |
| Employer's fax number (714) 531-3633 | | Employer's email address info@csutax.com | | | |

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 ▶ ACCOUNTANT Date ▶

Form **W-3** Transmittal of Wage and Tax Statements **2017**

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 2017 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

A Form W-3 Transmittal is completed only when paper Copy A of Form(s) W-2, Wage and Tax Statement, is being filed. Do not 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 four 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, 2018**. For more information, go to www.socialsecurity.gov/employer. First time filers, select "Go to Register"; returning filers select "Go To Log In."

When To File

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2018**.

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 Publication 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.

Black & White Form W-3 (Revised 01/17)