

<b>33333</b>		a Control number		For Official Use Only > OMB No. 1545-0008				
b <b>Kind of Payer</b>	<input checked="" type="checkbox"/> 941	<input type="checkbox"/> Military	<input type="checkbox"/> 943	<input type="checkbox"/> 944	<b>Kind of Employer</b>	<input checked="" type="checkbox"/> None Apply	<input type="checkbox"/> 501c non-govt.	Third-party sick pay (Check if applicable) <input type="checkbox"/>
	<input type="checkbox"/> CT-1	<input type="checkbox"/> Hshld. emp.	<input type="checkbox"/> Medicare govt. emp.			<input type="checkbox"/> State/local non-501c	<input type="checkbox"/> State/local 501c	
c Total number of Forms W-2 2	d Establishment number			1 Wages, tips, other compensation 2580.00	2 Federal income tax withheld 488.00			
e Employer identification number (EIN) 012345678				3 Social security wages 2600.00	4 Social security tax withheld 161.20			
f Employer's name MEDLIN SOFTWARE INC				5 Medicare wages and tips 2600.00	6 Medicare tax withheld 37.70			
g Employer's address and ZIP code YOUR TRADE NAME HERE PO BOX 10372 NAPA CA 94581				7 Social security tips	8 Allocated tips			
				9	10 Dependent care benefits			
				11 Nonqualified plans	12a Deferred compensation 20.00			
h Other EIN used this year				13 For third-party sick pay use only	12b			
15 State CA	Employer's state ID number 12345678901234			14 Income tax withheld by payer of third-party sick pay				
16 State wages, tips, etc. 2580.00	17 State income tax 122.12			18 Local wages, tips, etc. 2600.00	19 Local income tax 26.00			
Employer's contact person TEST PERSON				Employer's telephone number 7072554475		For Official Use Only 0000/1092		
Employer's fax number 12345				Employer's email address EMAIL HERE				

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**

**2019**

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 2019 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 W-2 Copy A electronically instead of on paper. SSA provides two free e-filing options on its Business Service 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 SSA.

\* File Upload. Upload wage files to SSA that you have created using payroll or other tax software that formats files according to 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, 2020. For more information, go to [www.socialsecurity.gov/employer](http://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, 2020.

**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.