

## **Attention:**

This form is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing. The printed version of this form is designed as a "machine readable" form. As such, it must be printed using special paper, special inks, and within precise specifications.

Additional information about the printing of these specialized tax forms can be found in IRS Publications 1141, 1167, 1179, and other IRS resources.

The printed version of the form may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form or publication number.

**DO NOT STAPLE OR FOLD**

|  |                               |                                      |   |  |
|--|-------------------------------|--------------------------------------|---|--|
| <b>a</b> Control number                  |                               | <b>33333</b>                         | <b>For Official Use Only</b> ▶<br>OMB No. 1545-0008 |  |
| <b>b</b> Kind of Payer                   | 941 <input type="checkbox"/>  | Military <input type="checkbox"/>    | 943 <input type="checkbox"/>                        | <b>1</b> Wages, tips, other compensation                       |
|  | CT-1 <input type="checkbox"/> | Hshld. emp. <input type="checkbox"/> | Medicare govt. emp. <input type="checkbox"/>        | <b>3</b> Social security wages                                 |
|  |                               |                                      |   | <b>2</b> Federal income tax withheld                           |
|  |                               |                                      |   | <b>4</b> Social security tax withheld                          |
| <b>c</b> Total number of Forms W-2       |                               | <b>d</b> Establishment number        |   | <b>5</b> Medicare wages and tips                               |
|  |                               |                                      |   | <b>6</b> Medicare tax withheld                                 |
| <b>e</b> Employer identification number  |                               |                                      |   | <b>7</b> Social security tips                                  |
| <b>f</b> Employer's name                 |                               |                                      |   | <b>8</b> Allocated tips  |
|  |                               |                                      |   | <b>9</b> Advance EIC payments                                  |
|  |                               |                                      |   | <b>10</b> Dependent care benefits                              |
|  |                               |                                      |   | <b>11</b> Nonqualified plans                                   |
|  |                               |                                      |   | <b>12</b> Deferred compensation                                |
|  |                               |                                      |   | <b>13</b> For third-party sick pay use only                    |
|  |                               |                                      |   | <b>14</b> Income tax withheld by payer of third-party sick pay |
| <b>g</b> Employer's address and ZIP code |                               |                                      |   |  |
| <b>h</b> Other EIN used this year        |                               |                                      |   |  |
| <b>15</b> State                          | Employer's state ID number    |                                      |   | <b>16</b> State wages, tips, etc.                              |
|  |                               |                                      |   | <b>17</b> State income tax                                     |
|  |                               |                                      |   | <b>18</b> Local wages, tips, etc.                              |
|  |                               |                                      |   | <b>19</b> Local income tax                                     |
| Contact person                           |                               | Telephone number<br>(     )          |   | For Official Use Only  |
| Email address                            |                               | Fax number<br>(     )                |   |  |

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 **2004**

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. Photocopies are not acceptable.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

**An Item To Note**

Separate instructions. See the **2004 Instructions for Forms W-2 and W-3** for information on completing this form.

**Purpose of Form**

Use this form to transmit Copy A of Form(s) W-2, Wage and Tax Statement. Make a copy of Form W-3, and keep it with Copy D (For Employer) of Form(s) W-2 for your records. Use Form W-3 for the correct year. **File Form W-3 even if only one Form W-2 is being filed.** If you are filing Form(s) W-2 on magnetic media or electronically, **do not** file Form W-3.

**When To File**

File Form W-3 with Copy A of Form(s) W-2 by February 28, 2005.

**Where To File**

Send this entire page with the entire Copy A page of Form(s) W-2 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 **Circular E (Pub. 15), Employer's Tax Guide**, for a list of IRS approved private delivery services.

Do not send magnetic media to the address shown above.

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D of Form W-2.

