

Attention:

This form is provided for informational purposes only. Copy A appears in red, similar to the official printed IRS form. But **do not** file Copy A downloaded from this website with the SSA. The official printed IRS form is scannable, but forms downloaded and printed from this website are not. A penalty of \$50 per information return may be imposed for filing forms that cannot be scanned.

To order official IRS forms, call 1-800-TAX-FORM (1-800-829-3676) or [Order Information Returns and Employer Returns Online](#), and we'll mail you the scannable forms and other products.

You may file Forms W-2 and W-3 electronically on the SSA's website at [Employer Reporting Instructions & Information](#). You can create fill-in versions of Forms W-2 and W-3 for filing with the SSA. You may also print out copies for filing with state or local governments, distribution to your employees, and for your records.

DO NOT STAPLE

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008			
b Kind of Payer	941 <input type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944 <input type="checkbox"/>	1 Wages, tips, other compensation	2 Federal income tax withheld	
	CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	3 Social security wages	4 Social security tax withheld	
c Total number of Forms W-2		d Establishment number		5 Medicare wages and tips		6 Medicare tax withheld	
e Employer identification number (EIN)				7 Social security tips		8 Allocated tips	
f Employer's name				9 Advance EIC payments		10 Dependent care benefits	
g Employer's address and ZIP code				11 Nonqualified plans		12 Deferred compensation	
				13 For third-party sick pay use only			
h Other EIN used this year				14 Income tax withheld by payer of third-party sick pay			
15 State	Employer's state ID number			16 State wages, tips, etc.		17 State income tax	
Contact person				Telephone number ()		For Official Use Only	
				Email address			
				18 Local wages, tips, etc.		19 Local income tax	

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** **2007** 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.

What's New

Relocation of form ID on Form W-3. For consistency with the revisions to Form W-2, we relocated the form ID number ("33333") to the top left corner of Form W-3.

Reminder

Separate instructions. See the 2007 Instructions for Forms W-2 and W-3 for information on completing this form.

Purpose of Form

Use Form W-3 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 electronically, **do not** file Form W-3.

When To File






File Form W-3 with Copy A of Form(s) W-2 by February 29, 2008.

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 Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

a) Tax year/Form corrected W-3		5 5 5 5 5		For Official Use Only OMB No. 1545-0008	
b) Employer's name, address, and ZIP code			c) Kind of Payer  941/941-SS Military 943 944/944-SS CT-1 Hshld. Medicare Third-party Emp. gov. emp. sick pay		
d) Number of Forms W-2C	e) Employer's Federal EIN	f) Establishment number	g) Employer's state ID number		
Complete boxes h,i, or j only if incorrect on last form filed.	h) Employer's incorrect Federal EIN	i) Incorrect establishment number	j) Employer's incorrect state ID number		
Total of amounts previously reported as shown on enclosed Forms W-2c.	Total of corrected amounts as shown on enclosed Forms W-2c.	Total of amounts previously reported as shown on enclosed Forms W-2c.	Total of corrected amounts as shown on enclosed Forms W-2c.		
1. Wages, tips, other compensation	1. Wages, tips, other compensation	2. Federal income tax withheld	2. Federal income tax withheld		
3. Social security wages	3. Social security wages	4. Social security tax withheld	4. Social security tax withheld		
5. Medicare wages and tips	5. Medicare wages and tips	6. Medicare tax withheld	6. Medicare tax withheld		
7. Social security tips	7. Social security tips	8. Allocated tips	8. Allocated tips		
9. Advance EIC payments	9. Advance EIC payments	10. Dependent care benefits	10. Dependent care benefits		
11. Nonqualified plans	11. Nonqualified plans	12a-d. (Coded items)	12a-d. (Coded items)		
14. Inc tax w/h by 3rd party sick pay payer	14. Inc tax w/h by 3rd party sick pay payer				
16. State wages, tips, etc.	16. State wages, tips, etc.	17. State income tax	17. State income tax		
18. Local wages, tips, etc.	18. Local wages, tips, etc.	19. Local income tax	19. Local income tax		
Explain decreases here:					
Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? Yes No					
If "Yes," give date the return was filed 					
Under penalties or perjury, I declare that I have examined this return, including accompanying documents, and, to the best of my knowledge and belief, it is true, correct, and complete.					
Signature 		Title 		Date 	
Contact person		Telephone number ()		For Official Use Only 0000/	
E-mail address		Fax number ()			

Purpose of Form

Use this form to transmit Copy A of **Form(s) W-2c**, Corrected Wage and Tax Statement (Rev 05-2006). Make a copy of Form W-3c and keep it with Copy D (For Employer) of Forms W-2c for your records. File Form W-3c even if only one Form W-2c is being filed or if those Forms W-2c are being filed only to correct an employee's name or social security number (SSN). See the separate **Instructions for Forms W-2c and W-3c** for information on completing this form.

When to File

File this form and Copy A of Form(s) W-2c with the Social Security Administration as soon as possible after you discover an error on Forms W-2, W-2AS, W-2GU, W-2CM or W-2VI. Also provide Copies B, C and 2 of Form W-2c to your employees as soon as possible.

Where to File

If you use the U.S. Postal Service, send Forms W-2c and W-3c to the following address:

**Social Security Administration
Data Operations Center
P.O. Box 3333
Wilkes-Barre, PA 18767-3333**

If you use a carrier other than the U.S. Postal Service, send Forms W-2c and W-3c to the following address:

**Social Security Administration
Data Operations Center
Attn: W-2c Process
1150 E. Mountain Drive
Wilkes-Barre, PA 18702-7997**