

Attention:

This form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. Do **not** file copy A downloaded from this website with the SSA. The official printed version of this IRS form is scannable, but the online version of it, printed from this website, is not. A penalty may be imposed for filing forms that can't be scanned. See the penalties section in the current General Instructions for Forms W-2 and W-3 for more information.

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 SSA. You may also print out copies for filing with state or local governments, distribution to your employees, and for your records.

See IRS Publications 1141, 1167, 1179 and other IRS resources for information about printing these tax forms.

DO NOT STAPLE OR FOLD

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008					
b Kind of Payer (Check one)	<input type="checkbox"/> 941-SS	<input type="checkbox"/> Military	<input type="checkbox"/> 943	<input type="checkbox"/> 944	Kind of Employer (Check one)	<input type="checkbox"/> None apply	<input type="checkbox"/> 501c non-govt.	Third-party sick pay (Check if applicable)	
	<input type="checkbox"/> Hshld. emp.	<input type="checkbox"/> Medicare govt. emp.				<input type="checkbox"/> State/local non-501c	<input type="checkbox"/> State/local 501c		<input type="checkbox"/> Federal govt.
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Income tax withheld			
e Employer identification number (EIN)				3 Social security wages		4 Social security tax withheld			
f Employer's name				5 Medicare wages and tips		6 Medicare tax withheld			
				7 Social security tips		8			
				9		10			
g Employer's address and ZIP code				11 Nonqualified plans		12a Deferred compensation			
h Other EIN used this year				13 For third-party sick pay use only		12b			
15 Employer's territorial ID number				14 Income tax withheld by payer of third-party sick pay					
				18 Check the appropriate box					
Employer's contact person				Type of Form ▶		<input type="checkbox"/> W-2AS	<input type="checkbox"/> W-2CM	<input type="checkbox"/> W-2GU	<input type="checkbox"/> W-2VI
Employer's fax number				Employer's telephone number		For Official Use Only			
				Employer's email address					

Copy A—For Social Security Administration

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-3SS** **Transmittal of Wage and Tax Statements** **2015** Department of the Treasury Internal Revenue Service

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

Reminder

Separate instructions. See the 2015 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3SS for Form(s) W-2AS, W-2CM, W-2GU, or W-2VI that were submitted electronically to the SSA.

Purpose of Form

A Form W-3SS Transmittal is completed only when paper Copy A of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI is being filed. Do not file Form W-3SS alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3SS even if only one paper Form W-2AS, W-2CM, W-2GU, or W-2VI is being filed. Make sure both the Form W-3SS and Form(s) W-2AS, W-2CM, W-2GU, or W-2VI 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-2AS, W-2CM, W-2GU, or W-2VI for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3SS and Form(s) W-2AS, W-2CM, W-2GU, or W-2VI 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-2AS, W-2CM, W-2GU, or W-2VI 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 March 31, 2016. 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 Copy A of Form W-3SS with Copy A of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI by February 29, 2016.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI 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 Pub. 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.

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33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008				
b Kind of Payer (Check one)	941-SS	Military	943	944	Kind of Employer (Check one)	None apply	501c non-govt.	Third-party sick pay (Check if applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare gov. emp. <input type="checkbox"/>		State/local non-501c <input type="checkbox"/>	State/local 501c <input type="checkbox"/>	
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Income tax withheld		
e Employer identification number (EIN)				3 Social security wages		4 Social security tax withheld		
f Employer's name				5 Medicare wages and tips		6 Medicare tax withheld		
				7 Social security tips		8		
				9		10		
g Employer's address and ZIP code				11 Nonqualified plans		12a Deferred compensation		
h Other EIN used this year				13 For third-party sick pay use only		12b		
15 Employer's territorial ID number				14 Income tax withheld by payer of third-party sick pay				
Employer's contact person				Employer's telephone number		For Official Use Only		
Employer's fax number				Employer's email address				

Copy 1 – For Local Tax Department

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-3SS Transmittal of Wage and Tax Statements

2015

Department of the Treasury
Internal Revenue Service

Where To File

For more information about where to file Copy 1, contact your state, city, or local tax department.

American Samoa. File Copy 1 of Form W-3SS and Forms W-2AS at the following address.

American Samoa Tax Office
Executive Office Building
First Floor
Pago Pago, AS 96799

Guam. File Copy 1 of Form W-3SS and Forms W-2GU at the following address.

Guam Department of Revenue and Taxation
P.O. Box 23607
GMF, GU 96921

U.S. Virgin Islands. File Copy 1 of Form W-3SS and Forms W-2VI at the following address.

Virgin Islands Bureau of Internal Revenue
6115 Estate Smith Bay
Suite 225
St. Thomas, VI 00802

Commonwealth of the Northern Mariana Islands. File Form OS-3710 and Copy 1 of Forms W-2CM at the following address.

Division of Revenue and Taxation
Commonwealth of the Northern Mariana Islands
P.O. Box 5234 CHRB
Saipan, MP 96950