

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008															
b Kind of Payer (Check one)		<input type="checkbox"/> 941 <input type="checkbox"/> CT-1 <input type="checkbox"/>		<input type="checkbox"/> Military <input type="checkbox"/> Hshld. emp. <input type="checkbox"/>		<input type="checkbox"/> 943 <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/>		<input type="checkbox"/> 944 <input type="checkbox"/>		Kind of Employer (Check one)		<input type="checkbox"/> None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/>		<input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/>		<input type="checkbox"/> Federal govt. <input type="checkbox"/>		<input type="checkbox"/> Third-party sick pay (Check if applicable)	
c Total number of Forms W-2				d Establishment number				1 Wages, tips other compensation				2 Federal income tax withheld							
e Employer Identification number								3 Social security wages				4 Social security tax withheld							
f Employer's name								5 Medicare wages and tips				6 Medicare tax withheld							
g Employer's address and ZIP code								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				Employer's state ID number				14 Income tax withheld by payer of third-party sick pay											
16 State wages, tips, etc.				17 State income tax				18 Local wages, tips, etc.				19 Local income tax							
Employer's contact person								Employer's telephone number				For Official Use Only 0000/1107							
Employer's fax number								Employer's email address											

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

2020

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 2020 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.

W-2 Online fill-in forms or file uploads will be on time if submitted by February 1, 2021. For more information, goto www.SSA.gov/bsa. First time filers, select "Register"; returning filers select "Log In."

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't 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 4 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 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 Form W-2 Electronically (EFW2)*.

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by February 1, 2021.

Where To File Paper Forms

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.