

33333		a Control number	For Official Use Only ▶ OMB No. 1545-0008					
b Kind of Payer ▶	941 <input checked="" type="checkbox"/> Military <input type="checkbox"/> CT-1 <input type="checkbox"/>	943 <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/>	944 <input type="checkbox"/>	b Kind of Employer ▶	None apply <input checked="" type="checkbox"/> State/local non-501c <input type="checkbox"/>	501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/>	Federal govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <input checked="" type="checkbox"/>
c Total number of Forms W-2 1	d Establishment number ESTA	1 Wages, tips other compensation 327500.00	2 Federal income tax withheld 98250.00					
e Employer Identification number 13-3249958		3 Social security wages 81000.00	4 Social security tax withheld 7347.00					
f Employer's name INTEGRATED DATA MANAGEMENT SYSTEMS I		5 Medicare wages and tips 342500.00	6 Medicare tax withheld 6248.75					
g Employer's address and ZIP code ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001		7 Social security tips 37500.00	8 Allocated tips 32000.00					
		9	10 Dependent care benefits 8750.00					
		11 Nonqualified plans	12a Deferred compensation 15000.00					
h Other EIN used this year 98-7654321		13 For third-party sick pay use only	12b					
15 State <input checked="" type="checkbox"/> Employer's state ID number	14 Income tax withheld by payer of third-party sick pay 123456.00							
16 State wages, tips, etc. 328000.00	17 State income tax 63750.00	18 Local wages, tips, etc. 300500.00	19 Local income tax 18525.00					
Employer's contact person W2 CONTACT NAME		Employer's telephone number 631-249-7744	For Official Use Only 0000/1107					
Employer's fax number 631-249-7745		Employer's email address SALES@IDMSINC.COM						

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

2016

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 2016 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. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the Social Security Administration (see below). 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 Social 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 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 SSA that 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).

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2017. For more information, goto 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, 2017.

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.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.