

33333		a Control number	For Official Use Only ▶ OMB No. 1545-0008							
b Kind of Payer (Check one)	<input checked="" type="checkbox"/> 941 CT-1 <input type="checkbox"/>	<input type="checkbox"/> 941 Military Hshld. emp. <input type="checkbox"/>	<input type="checkbox"/> 943 Medicare govt. emp. <input type="checkbox"/>	<input type="checkbox"/> 944	Kind of Employer (Check one)	<input type="checkbox"/> None apply	<input type="checkbox"/> 501c non-govt. State/local 501c <input type="checkbox"/>	<input type="checkbox"/> State/local non-501c <input type="checkbox"/>	<input checked="" type="checkbox"/> Federal govt.	<input type="checkbox"/> Third-party sick pay (Check if applicable)
c Total number of Forms W-2 1	d Establishment number		1 Wages, tips other compensation 385000.00	2 Federal income tax withheld 102255.00						
e Employer Identification number 13-3249958		3 Social security wages 89700.00		4 Social security tax withheld 7886.40						
f Employer's name INTEGRATED DATA MANAGEMENT SYSTEMS I		5 Medicare wages and tips 400000.00		6 Medicare tax withheld 7600.00						
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 9750.00						
		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 X	Employer's state ID number		14 Income tax withheld by payer of third-party sick pay							
16 State wages, tips, etc. 385000.00	17 State income tax 71250.00		18 Local wages, tips, etc. 300000.00		19 Local income tax 18750.00					
Employer's contact person W2 CONTACT NAME		Employer's telephone number 631-249-7748		For Official Use Only 0000/1107						
Employer's fax number 631-249-4425		Employer's email address SUPPORT@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

2017

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 2017 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 January 31, 2018. For more information, goto www.socialsecurity.gov/ employer. First time filers, select "Go to Register"; returning filers select "Go to Log In."

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. 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).

When To File

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2018.

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.