

33333		a Control number		For Official Use Only ► OMB No. 1545-0008				
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> CT-1 942 <input type="checkbox"/> Military 943 <input type="checkbox"/> Hshld. emp. 944 <input type="checkbox"/> Medicare govt. emp.		Kind of Employer (Check one)		None apply <input type="checkbox"/> State/local non-501c <input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input checked="" type="checkbox"/>		Third-party sick pay (Check if applicable) <input type="checkbox"/>
c Total number of Forms W-2 2		d Establishment number 5565		1 Wages, tips other compensation 385005.00		2 Federal income tax withheld 102265.00		
e Employer Identification number 13-3249958				3 Social security wages 105315.00		4 Social security tax withheld 8873.60		
f Employer's name INTEGRATED DATA MANAGEMENT SYSTEMS				5 Medicare wages and tips 400025.00		6 Medicare tax withheld 7630.00		
g Employer's address and ZIP code ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001				7 Social security tips 37535.00		8 Allocated tips 32040.00		
				9		10 Dependent care benefits 9800.00		
				11 Nonqualified plans 55.00		12a Deferred compensation 15120.25		
h Other EIN used this year 13-2655889				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		16 State wages, tips, etc. 385320.56		17 State income tax 72590.87		
18 Local wages, tips, etc. 325180.15		19 Local income tax 19940.15		Employer's contact person W2 CONTACT NAME		Employer's telephone number 631-249-7748		
Employer's fax number 631-249-4425		Employer's email address SUPPORT@IDMSINC.COM		For Official Use Only 0000/1107				

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

2021

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 2021 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, 2022. 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 January 31, 2022.

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.