

DO NOT STAPLE

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|--|-------------------------------|--------------------------------------|--|---|-----------------------------------|--------------------------------|--|
| 33333 | | a Control number | | For Official Use Only ▶ OMB No. 1545-0008 | | | |
| b Kind of Payer | 941 <input type="checkbox"/> | Military <input type="checkbox"/> | 943 <input type="checkbox"/> | 944 <input type="checkbox"/> | 1 Wages, tips, other compensation | 2 Federal income tax withheld | |
| | CT-1 <input type="checkbox"/> | Hshld. emp. <input type="checkbox"/> | Medicare govt. emp. <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> | 3 Social security wages | 4 Social security tax withheld | |
| c Total number of Forms W-2 | | d Establishment number | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| e Employer identification number (EIN) | | | | 7 Social security tips | | 8 Allocated tips | |
| f Employer's name | | | | 9 Advance EIC payments | | 10 Dependent care benefits | |
| g Employer's address and ZIP code | | | | 11 Nonqualified plans | | 12 Deferred compensation | |
| | | | | 13 For third-party sick pay use only | | | |
| h Other EIN used this year | | | | 14 Income tax withheld by payer of third-party sick pay | | | |
| 15 State | Employer's state ID number | | | 16 State wages, tips, etc. | | 17 State income tax | |
| Contact person | | | | Telephone number ()) | | For Official Use Only | |
| | | | | Email address | | | |
| 15 State | | | | 16 State wages, tips, etc. | | 17 State income tax | |
| | | | | Employer's state ID number | | | |
| Contact person | | | | 18 Local wages, tips, etc. | | 19 Local income tax | |
| | | | | Email address | | | |
| Telephone number ()) | | | | For Official Use Only | | | |
| Fax number ()) | | | | | | | |

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** **2007**

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. Photocopies are not acceptable.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

What's New

Relocation of form ID on Form W-3. For consistency with the revisions to Form W-2, we relocated the form ID number ("33333") to the top left corner of Form W-3.

Reminder

Separate instructions. See the 2007 Instructions for Forms W-2 and W-3 for information on completing this form.

Purpose of Form

Use Form W-3 to transmit Copy A of Form(s) W-2, Wage and Tax Statement. Make a copy of Form W-3 and keep it with Copy D (For Employer) of Form(s) W-2 for your records. Use Form W-3 for the correct year. **File Form W-3 even if only one Form W-2 is being filed.** If you are filing Form(s) W-2 electronically, **do not** file Form W-3.

When To File

File Form W-3 with Copy A of Form(s) W-2 by February 29, 2008.

Where To File

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.