	2 Federal income tax withheld
	2 Federal income tax withheld
A Contraction of the second se	
Of Payer CT-1 Hshld. Medicare emp. 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 7 Social security tips	8 Allocated tips
f Employer's name 9 Advance EIC payments 1	10 Dependent care benefits
11 Nonqualified plans 1	12 Deferred compensation
13	
g Employer's address and ZIP code	
h Other EIN used this year 15 Income tax withheld by third-par	ty payer
i Employer's state I.D. no.	
Contact person Telephone number Fax number	E-mail 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 🕨

Department of the Treasury Internal Revenue Service

Form W-3 Transmittal of Wage and Tax Statements 1999

Send this entire page with the entire Copy A page of Forms W-2 to the Social Security Administration. Photocopies are NOT acceptable. Do not send any remittance (cash, checks, money orders, etc.) with FORMS W-2 and W-3.

Changes To Note

"YOUR COPY" eliminated. Form W-3 no longer contains a second "YOUR COPY" of the form. Be sure to make a copy of the completed form for your records.

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

Purpose of Form

Use this form to transmit Copy A of Forms W-2. Make a copy of Form W-3, and keep it with Copy D (For Employer) of Forms 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 Forms W-2 on magnetic media or electronically, **do not** file Form W-3.

When To File

File Form W-3 with Copy A of Forms W-2 by February 29, 2000.

Where To File

Send this entire page with the entire Copy A page of Forms 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 Circular E (Pub. 15) for a list of IRS approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the 1999 Instructions for Forms W-2 and W-3.

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