DO NOT STAPLE OR FOLD

а	Control number	33333	For Official Use O OMB No. 1545-00	•						
b	Kind of		ilitary 943	1	1 Wages, tips, other compensation			2 Federal in	ncome tax withheld	
	Payer		shld. Medicare np. govt. emp.	3	Soci	al security wages		4 Social se	curity tax withheld	
С	Total number of Forms W-2 d Establishment number			5	Med	icare wages and tips		6 Medicare tax withheld		
е	e Employer identification number				Soci	al security tips		8 Allocated tips		
f	f Employer's name				Advance EIC payments		1	10 Dependent care benefits		
					11 Nonqualified plans			12 Deferred compensation		
				13	13					
					14					
g	g Employer's address and ZIP code									
h	h Other EIN used this year				15 Income tax withheld by third-party payer					
i 	Employer's state I.D. no).								
Contact person Telephone number			F	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 ►

Form W-3 Transmittal of Wage and Tax Statements 2000

Department of the Treasury

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 remittance (cash, checks, money orders, etc.) with Forms W-2 and W-3.

An Item To Note

Separate instructions. See the separate 2000 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 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 on magnetic media or electronically, do not file Form W-3.

When To File

File Form W-3 with Copy A of Form(s) W-2 by February 28, 2001.

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 Circular E, Employer's Tax Guide (Pub. 15), for a list of IRS approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the 2000 Instructions for Forms W-2 and W-3.