

Attention:

This form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. Do **not** file copy A downloaded from this website with the SSA. The official printed version of this IRS form is scannable, but the online version of it, printed from this website, is not. A penalty of \$50 per information return may be imposed for filing forms that cannot be scanned.

To order official IRS forms, call 1-800-TAX-FORM (1-800-829-3676) or [Order Information Returns and Employer Returns Online](#), and we'll mail you the scannable forms and other products.

You may file Forms W-2 and W-3 electronically on the SSA's website at [Employer Reporting Instructions & Information](#). You can create fill-in versions of Forms W-2 and W-3 for filing with SSA. You may also print out copies for filing with state or local governments, distribution to your employees, and for your records.

See IRS Publications 1141, 1167, 1179 and other IRS resources for information about printing these tax forms.

DO NOT STAPLE OR FOLD

33333		a Control number		For Official Use Only ▶				
		OMB No. 1545-0008						
b Kind of Payer	941-SS <input type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944-SS <input type="checkbox"/>	1 Wages, tips, other compensation	2 Income tax withheld		
	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		
f Employer's name				9 Advance EIC payments		10		
				11 Nonqualified plans		12 Deferred compensation		
				13 For third-party sick pay use only				
				14 Income tax withheld by payer of third-party sick pay				
g Employer's address and ZIP code								
h Other EIN used this year				15 Check the appropriate box				
i Employer's territorial ID number				Type of Form ▶	W-2AS <input type="checkbox"/>	W-2CM <input type="checkbox"/>	W-2GU <input type="checkbox"/>	W-2VI <input type="checkbox"/>
Contact person		Telephone number		For Official Use Only				
Email address		Fax number						

Copy A—For Social Security Administration

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-3SS** Transmittal of Wage and Tax Statements

2009

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Forms W-2AS, W-2CM, W-2GU, or Form W-2VI to the Social Security Administration (SSA). Photocopies are not acceptable.

Do not send any remittance (cash, checks, money orders, etc.) with Forms W-2AS, W-2CM, W-2GU, W-2VI, and W-3SS.

Reminders

Separate instructions. See the 2009 Instructions for Forms W-2AS, W-2GU, W-2VI, and Form W-3SS for information on completing this form.

Purpose of Form

Use Form W-3SS to transmit Copy A of Forms W-2AS, W-2CM, W-2GU, and W-2VI. Make a copy of Form W-3SS and keep it with Copy D (From Employer) of Forms W-2AS, W-2CM, W-2GU, or Form W-2VI for your records. Use Form W-3SS for the correct year. **File Form W-3SS even if only one Form W-2AS, W-2CM, W-2GU, or W-2VI is being filed.** However, if you are filing your wage and tax information electronically, **do not** file Form W-3SS.

When To File

File Copy A of Form W-3SS with Copy A of Form W-2AS, W-2CM, W-2GU, or Form W-2VI by March 1, 2010.

Where To File

Send this form with the entire Copy A page of Form W-2AS, W-2CM, W-2GU, or W-2VI 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 Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

Also see *Where to file Copy 1* below.

Where to file Copy 1. File Copy 1 of Forms W-2AS and W-3SS with the American Samoa Tax Office, Government of American Samoa, Pago Pago, AS 96799.

File Copy 1 of Forms W-2GU and W-3SS with the Department of Revenue and Taxation, Government of Guam, P.O. Box 23607, GMF, GU 96921.

File Copy 1 of Forms W-2VI and W-3SS with the V.I. Bureau of Internal Revenue, 9601 Estate Thomas, Charlotte Amalie, St. Thomas, VI 00802.

Contact the Division of Revenue and Taxation, Commonwealth of the Northern Mariana Islands at (670) 664-1000, for the address to send Copy 1 of Forms W-2CM and W-3SS.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

DO NOT STAPLE OR FOLD

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008		
b Kind of Payer ▶	941-SS <input type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944-SS <input type="checkbox"/>	1 Wages, tips, other compensation	2 Income tax withheld
	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	
f Employer's name				9 Advance EIC payments	10	
				11 Nonqualified plans	12 Deferred compensation	
g Employer's address and ZIP code				13 For third-party sick pay use only		
				14 Income tax withheld by payer of third-party sick pay		
h Other EIN used this year						
i Employer's territorial ID number						
Contact person				Telephone number ()	For Official Use Only	
Email address				Fax number ()		

Copy 1—For Local Tax Department

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 ▶ _____