

a Control number		33333		For Official Use Only ▶ OMB No. 1545-0008	
b Kind of Payer ▶	941 Military	943	1 Wages, tips, other compensation		2 Federal income tax withheld
	<input checked="" type="checkbox"/> CT-1	Hshld. emp.	Medicare govt. emp.	Third-party sick pay	
			92,110.78	7,587.73	
			3 Social security wages	4 Social security tax withheld	
			95,319.62	5,909.79	
c Total number of Forms W-2	d Establishment number		5 Medicare wages and tips		6 Medicare tax withheld
22			95,319.62		1,382.13
e Employer identification number			7 Social security tips		8 Allocated tips
12-3456777			0.00		
f Employer's name			9 Advance EIC payments		10 Dependent care benefits
The xyz company			0.00		
DBA: Ace Plumbing and Electrical of Texas			11 Nonqualified plans		12 Deferred compensation
P.O. Box 123			13 For third-party sick pay use only		3,208.84
123 Winding Road			14 Income tax withheld by payer of third-party sick pay		
LittleTown, Texas 78654-1234					
g Employer's address and ZIP code					
h Other EIN used this year					
15 State	Employer's state I.D. Number		16 State wages, tips, etc.		17 State income tax
X			25,340.21		712.39
			18 Local wages, tips, etc.		19 Local income tax
Contact person			Telephone number		For Official Use Only
Mr. Joe Smith			325-625-5419		
E-mail address			Fax number		0000/1202
JSmith@XYZ.com			325-625-3774		

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 2001**

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.

An Item To Note

Separate instructions. See the separate **2001 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, 2002**

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.

Do **not** send magnetic media to the address shown above.

For Privacy Act and Paperwork Reduction Act Notice, see the **2001 Instructions for Forms W-2 and W-3.**

