

**DO NOT STAPLE**

|   |  |   |   |  |                  |  |   |   |
|---|--|---|---|--|------------------|--|---|---|
| <b>33333</b>  |  | a Control number                              | For Official Use Only ><br>OMB No. 1545-0008            |  |                  |  |   |   |
| b Kind of Payer   | 941 <input checked="" type="checkbox"/>  | Military <input type="checkbox"/>             | 943 <input type="checkbox"/>                            | 944 <input type="checkbox"/>             | Kind of Employer | None Apply <input checked="" type="checkbox"/> | 501c non-govt. <input type="checkbox"/>   | Third-party sick pay (Check if applicable) <input type="checkbox"/> |
|   | CT-1 <input type="checkbox"/>            | Hshld. emp. <input type="checkbox"/>          | Medicare govt. emp. <input type="checkbox"/>            |  |                  | State/local non-501c <input type="checkbox"/>  | State/local 501c <input type="checkbox"/> |   |
| c Total number of Forms W-2<br>1  | d Establishment number                   |   | 1 Wages, tips, other compensation<br>9315.00            | 2 Federal income tax withheld<br>2249.00 |                  |  |   |   |
| e Employer identification number (EIN)<br>01-2345678                                  |  | 3 Social security wages<br>9374.00            |   | 4 Social security tax withheld<br>581.44 |                  |  |   |   |
| f Employer's name<br>MEDLIN SOFTWARE  |  | 5 Medicare wages and tips<br>9378.00          |   | 6 Medicare tax withheld<br>135.98        |                  |  |   |   |
| g Employer's address and ZIP code<br>MEDLIN SOFTWARE<br>PO BOX 10372<br>NAPA CA 94581 |  | 7 Social security tips<br>4.00                |   | 8 Allocated tips                         |                  |  |   |   |
|   |  | 9   |   | 10 Dependent care benefits               |                  |  |   |   |
|   |  | 11 Nonqualified plans                         |   | 12a Deferred compensation<br>63.00       |                  |  |   |   |
| h Other EIN used this year  |  | 13 For third-party sick pay use only          |   | 12b                                      |                  |  |   |   |
| 15 State CA   | Employer's state ID number<br>0123456789 |   | 14 Income tax withheld by payer of third-party sick pay |  |                  |  |   |   |
| 16 State wages, tips, etc.<br>9315.00   | 17 State income tax<br>781.90            |   | 18 Local wages, tips, etc.<br>9378.00                   | 19 Local income tax<br>84.40             |                  |  |   |   |
| Employer's contact person<br>TEST   |  | Employer's telephone number<br>7072554475     |   | For Official Use Only<br>0000/1092       |                  |  |   |   |
| Employer's fax number   |  | Employer's email address<br>MEDLIN@MEDLIN.COM |   |  |                  |  |   |   |

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 **2016** 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 (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

**Reminder**

Separate Instructions. See the 2016 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

**Purpose of Form**

A Form W-3 Transmittal is completed only when paper Copy A of Form(s) W-2, Wage and Tax Statement, is being filed. Do not file Form W-3 alone. All paper forms MUST comply with IRS standards and be machine readable. Photocopies are NOT acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your your records. The IRS recommends retaining copies of these forms for four years.

**E-Filing**

The SSA strongly suggests employers report Form W-3 and W-2 Copy A electronically instead of on paper. SSA provides two free e-filing options on its Business Service Online (BSO) website:

\* W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to SSA.

\* File Upload. Upload wage files to SSA that you have created using payroll or other tax software that formats files according to SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2017. For more information, go to [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer). First time filers, select 'Go to Register'; returning filers select 'Go To Log In.'

**When To File**

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2017.

**Where To File Paper Forms**

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.