

# **Attention:**

You may file Forms W-2 and W-3 electronically on the SSA's <a href="Employer">Employer</a>
W-2 Filing Instructions and Information web page, which is also accessible at <a href="https://www.socialsecurity.gov/employer">www.socialsecurity.gov/employer</a>. 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.

**Note:** Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file Copy A downloaded from this website with the SSA; a **penalty** may be imposed for filing forms that can't be scanned. See the penalties section in the current <u>General Instructions for Forms W-2 and W-3</u>, available at <u>www.irs.gov/w2</u>, for more information.

Please note that Copy B and other copies of this form, which appear in black, may be downloaded, filled in, and printed and used to satisfy the requirement to provide the information to the recipient.

To order official IRS information returns such as Forms W-2 and W-3, which include a scannable Copy A for filing, go to IRS' Online Ordering for Information Returns and Employer Returns page, or visit <a href="https://www.irs.gov/orderforms">www.irs.gov/orderforms</a> and click on Employer and Information returns. We'll mail you the scannable forms and any other products you order.

See IRS Publications  $\underline{1141}$ ,  $\underline{1167}$ , and  $\underline{1179}$  for more information about printing these tax forms.

33333	a Control nui	mber	For Official OMB No. 1	Use Only ► 545-0008		
b Kind of Payer (Check one) c Total number of f	941-SS	Hshld. Me	943 944  edicare t. emp.  ent number	Kind State/local	501c non-govt.  Third-part sick pay (Check if applicable 2 Income tax withheld	
e Employer identification number (EIN)				3 Social security wages	4 Social security tax withheld	
f Employer's name				5 Medicare wages and tips	6 Medicare tax withheld	
				7 Social security tips	8	
				9	10 Deferred company tips	
g Employer's address and ZIP code				11 Nonqualified plans 12a Deferred compensation		
h Other EIN used this year				13 For third-party sick pay use only	12b	
15 Employer's territorial ID number				14 Income tax withheld by payer of third-party sick pay		
				18 Check the appropriate box  Type of Form ▶ W-2AS W-	2CM W-2GU W-2VI	
Employer's conta	act person			Employer's telephone number	For Official Use Only	
Employer's fax number				Employer's email address		

Signature ▶ Title ▶ Date >

#### Form **W-3SS Transmittal of Wage and Tax Statements**

5057

Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3SS if you filed electronically with the SSA.

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

#### Reminder

Separate instructions. See the 2021 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3SS for Form(s) W-2AS, W-2CM, W-2GU, or W-2VI that were submitted electronically

## **Purpose of Form**

Complete a Form W-3SS Transmittal only when filing paper Copy A of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI. Don't file Form W-3SS alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3SS even if only one paper Form W-2AS, W-2CM, W-2GU, or W-2VI is being filed. Make sure both the Form W-3SS and Form(s) W-2AS, W-2CM, W-2GU, or W-2VI 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-2AS, W-2CM, W-2GU, or W-2VI for your records. The IRS recommends retaining copies of these forms for 4 years.

### E-Filina

The SSA strongly suggests employers report Form W-3SS and Form(s) W-2AS, W-2CM, W-2GU, or W-2VI Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

• W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2AS, W-2CM, W-2GU, or W-2VI at a time to the SSA.

• File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the 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, 2022. For more information, go to www.SSA.gov/bso. First-time filers, select "Register"; returning filers, select "Log In."

### When To File Paper Forms

Mail Copy A of Form W-3SS with Copy A of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI by January 31, 2022.

### Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI to:

Social Security Administration **Direct 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.

### DO NOT STAPLE OR FOLD

77777	a Control number	For Official Use Only ► OMB No. 1545-0008				
33333						
Kind of Payer (Check one)	941-SS Military 943  Hshld. Medicare emp. govt. emp.	944 Kind of Employer (Check one)	State/local	01c non-govt.	Third-party sick pay  (Check if applicable)	
c Total number of I	Forms W-2 d Establishment nu	mber 1 Wages, tip	s, other compensation	2 Income tax withheld		
e Employer identifi	cation number (EIN)	3 Social sec	3 Social security wages 4		4 Social security tax withheld	
f Employer's name	9	5 Medicare	wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
		7 Social sec	urity tips	8		
		9		10		
<b>g</b> Employer's addre	ess and ZIP code	11 Nonqualifie	ed plans	12a Deferred compensation	12a Deferred compensation	
h Other EIN used to	his year	13 For third-p	13 For third-party sick pay use only 12b			
15 Employer's territo	orial ID number	14 Income tax	14 Income tax withheld by payer of third-party sick pay			
Employer's conta	act person	Employer's	Employer's telephone number For Official Use Only			
Employer's fax n	umber	Employer's	Employer's email address			

#### 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 F	litie ►	Date ►
Form W-3SS Transmittal of Wage and Tax Statements	5057	Department of the Treasury Internal Revenue Service

### Where To File

For more information about where to file Copy 1, contact your state, city, or local tax department.

American Samoa. File Copy 1 of Form W-3SS and Form(s) W-2AS at the following address.

American Samoa Tax Office Executive Office Building First Floor Pago Pago, AS 96799

Guam. File Copy 1 of Form W-3SS and Form(s) W-2GU at the following address.

Guam Department of Revenue and Taxation P.O. Box 23607 GMF, GU 96921

U.S. Virgin Islands. File Copy 1 of Form W-3SS and Form(s) W-2VI at the following address.

Virgin Islands Bureau of Internal Revenue 6115 Estate Smith Bay Suite 225 St. Thomas, VI 00802

Commonwealth of the Northern Mariana Islands. File Form OS-3710 and Copy 1 of Form(s) W-2CM at the following address.

Division of Revenue and Taxation Commonwealth of the Northern Mariana Islands P.O. Box 5234 CHRB Saipan, MP 96950