FORM	Transmittal of Wage and Tax Statements	YEAR
W-3	**Annual Summary of Wages and Tax**	**20__**

EMPLOYER IDENTIFICATION NUMBER (EIN)	TOTAL NUMBER OF FORMS W-2 SUBMITTED
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS (NUMBER, STREET, APARTMENT OR SUITE NUMBER)	
CITY, STATE, AND ZIP CODE	**CONTACT PERSON / TELEPHONE NUMBER / EMAIL**

Box	Title / Description	Amount
1	Wages, tips, other compensation	
2	Federal income tax withheld	
3	Social security wages	
4	Social security tax withheld	
5	Medicare wages and tips	
6	Medicare tax withheld	
7	Social security tips	
8	Allocated tips	
9	Dependent care benefits	
10	Nonqualified plans	
11	Deferred compensation	

State	Employer's State ID Number	State Wages, Tips, etc.	State Income Tax Withheld

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 of Authorized Representative	Title	Date