

FORM W-3	TRANSMITTAL OF WAGE AND TAX STATEMENTS ANNUAL SUMMARY OF WAGES AND TAX	YEAR
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KIND OF PAYER	KIND OF EMPLOYER
EMPLOYER IDENTIFICATION NUMBER (EIN)	TOTAL NUMBER OF FORMS W-2
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS (NUMBER, STREET, ROOM, OR SUITE NO.)	
CITY, STATE, AND ZIP CODE	CONTACT PERSON / TELEPHONE / EMAIL

Wages and Tax Summary Box	Total 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

DECLARATION

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 OF EMPLOYER / AUTHORIZED REPRESENTATIVE TITLE DATE