

33333		a Control number XXXXXXXXXXXXXXXXXX	For Official Use Only ▶ OMB No. 1545-0008			
b Kind of Payer ▶	941 Military	943	944	1 Wages, tips other compensation 9999999999999999 . 99	2 Federal income tax withheld 9999999999999999 . 99	
	CT-1	Hshld. emp.	Medicare govt. emp.	Third-party sick pay	3 Social security wages 9999999999999999 . 99	4 Social security tax withheld 9999999999999999 . 99
c Total number of Forms W-2 150	d Establishment number			5 Medicare wages and tips 9999999999999999 . 99	6 Medicare tax withheld 9999999999999999 . 99	
e Employer Identification number 12-3456789			7 Social security tips 9999999999999999 . 99	8 Allocated tips 9999999999999999 . 99		
f Employer's name INTEGRATED DATA MANAGEMENT SYSTEMS			9 Advance EIC payments 9999999999999999 . 99	10 Dependent care benefits 9999999999999999 . 99		
DBA IDMS ACCOUNT ABILITY 560 BROADHOLLOW ROAD SUITE 109 MELVILLE, NY 11747-3702			11 Nonqualified plans 9999999999999999 . 99	12 Deferred compensation 9999999999999999 . 99		
			13 For third-party sick pay use only THIRD PARTY SICK PAY RECAP			
			14 Income tax withheld by payer of third-party sick pay 9999999999999999 . 99			
g Employer's address and ZIP code			15 State Employer's state ID number NY NY STATE ID			
h Other EIN used this year 12-3456789			16 State wages, tips, etc. 9999999999999999 . 99	17 State income tax 9999999999999999 . 99		
			18 Local wages, tips, etc. 9999999999999999 . 99	19 Local income tax 9999999999999999 . 99		
Contact person CONTACT NAME			Telephone number (631) 249-7744	For Official Use Only 0000/1107		
E-mail address sales@idmsinc.com			Fax number (631) 249-4425			

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

2009

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.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2009 Instructions for Forms W-2 and W-3 for information on completing this form.

Purpose of Form

A Form W-3 Transmittal is completed only when paper Copy A of Form(s) W-2, Wage and Tax Statement, are being filed. Do not file Form W-3 alone. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the Social Security Administration (see below). All paper forms must comply with IRS standards and be machine readable. Photocopies and hand-printed forms 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 records.

Electronic Filing

The Social Security Administration strongly suggests employers report Form W-3 and W-2 Copy A electronically instead of on paper. SSA provides two e-file options:

- Free fill-in Forms W-2 for employers who file 20 or fewer Form(s) W-2.

- Upload a file for employers who use payroll/tax software to print Form(s) W-2, if the vendor software creates a file that can be uploaded to SSA.

For more information, go to www.socialsecurity.gov/employer and select "First Time Filers" or "Returning Filers" under "BEFORE YOU FILE."

When To File

Mail any paper Forms W-2 under cover of this Form W-3 Transmittal by March 1, 2010. Electronic fill-in forms or uploads are filed through SSA's Business Services Online (BSO) Internet site and will be on time if submitted by March 31, 2010.

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.