

<b>33333</b>		a Control number <b>XXXXXXXXXXXXXX</b>	For Official Use Only ▶ OMB No. 1545-0008										
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> CT-1	942 <input checked="" type="checkbox"/> Military	943 <input checked="" type="checkbox"/> Hshld. emp.	944 <input checked="" type="checkbox"/> Medicare govt. emp.	Kind of Employer (Check one)		None apply <input checked="" type="checkbox"/>	501c non-govt. <input checked="" type="checkbox"/>	State/local non-501c <input checked="" type="checkbox"/>	State/local 501c <input checked="" type="checkbox"/>	Federal govt. <input checked="" type="checkbox"/>	Third-party sick pay (Check if applicable) <input checked="" type="checkbox"/>
c Total number of Forms W-2 <b>200</b>		d Establishment number <b>8888</b>		1 Wages, tips other compensation <b>9999999999999999.99</b>		2 Federal income tax withheld <b>9999999999999999.99</b>							
e Employer Identification number <b>12-3456789</b>				3 Social security wages <b>9999999999999999.99</b>		4 Social security tax withheld <b>9999999999999999.99</b>							
f Employer's name <b>INTEGRATED DATA MANAGEMENT SYSTEMS</b>				5 Medicare wages and tips <b>9999999999999999.99</b>		6 Medicare tax withheld <b>9999999999999999.99</b>							
g Employer's address and ZIP code <b>DBA IDMS ACCOUNT ABILITY 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001</b>				7 Social security tips <b>9999999999999999.99</b>		8 Allocated tips <b>9999999999999999.99</b>							
				9		10 Dependent care benefits <b>9999999999999999.99</b>							
				11 Nonqualified plans <b>9999999999999999.99</b>		12a Deferred compensation <b>9999999999999999.99</b>							
h Other EIN used this year <b>12-3456789</b>				13 For third-party sick pay use only <b>THIRD PARTY SICK PAY RECAP</b>		12b							
15 State <b>NY</b>		Employer's state ID number <b>NY STATE ID</b>		14 Income tax withheld by payer of third-party sick pay <b>9999999999999999.99</b>									
16 State wages, tips, etc. <b>99999999999999.99</b>		17 State income tax <b>99999999999999.99</b>		18 Local wages, tips, etc. <b>9999999999999999.99</b>		19 Local income tax <b>9999999999999999.99</b>							
Employer's contact person <b>CONTACT NAME</b>				Employer's telephone number <b>(631) 249-7744</b>		For Official Use Only <b>0000/1107</b>							
Employer's fax number <b>(631) 249-4425</b>				Employer's email address <b>sales@idmsinc.com</b>									

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

**2018**

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 2018 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.

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2019. For more information, goto [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First time filers, select "Register"; returning filers select "Log In."

**Purpose of Form**

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't 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 records. The IRS recommends retaining copies of these forms for four years.

**E-Filing**

The SSA strongly suggests employers report Form W-3 and Forms W-2 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-2 at a time to 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 Form W-2 Electronically (EFW2).

**When To File Paper Forms**

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2019.

**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.

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**