

<b>33333</b>		a Control number			For Official Use Only OMB No. 1545-0008		
b <b>Kind of Payer</b>	941 Military	943 Hshld emp.	944 Medicare emp.	944 Third-party sick pay	1 Wages, tips, other compensation 149636.44	2 Federal income tax withheld 24186.70	
	CT-1				3 Social security wages 151636.44	4 Social security tax withheld 9401.47	
c Total number of Forms W-2 7		d Establishment number			5 Medicare wages and tips 150636.44	6 Medicare tax withheld 2184.24	
e Employer identification number 10-1234567					7 Social security tips 1000.00	8 Allocated tips	
f Employer's name Second Test Company					9 Advance EIC payment 1240.00	10 Dependent care benefits 7086.09	
g Employer address and ZIP code 10 Samsung street  San Diego, CA 92456-5985					11 Nonqualified plans	12 Deferred compensation	
					13 For third-party sick pay use only		
					14 Income tax withheld by payer of third-party sick pay		
h Other EIN used this year							
15 State CO	Employer's state ID number 6192718147-2				16 State wages, tips, etc.	17 State income tax	
					18 Local wages, tips, etc.	19 Local income tax	
Contact person John William					Telephone number (858) 213-7899	For Official Use Only  0000/1244	
Email address secondco@yahoo.com					Fax number (456) 879-2568		

Under penalty 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

# 2007

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. Photocopies are not acceptable.**

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

### What's New

**Relocation of form ID on Form W-3.** For consistency with the revisions to Form W-2, we relocated the form ID number ("33333") to the top left corner of Form W-3.

### Reminder

**Separate instructions.** See the 2007 Instructions for Forms W-2 and W-3 for information on completing this form.

### Purpose of Form

Use Form W-3 to transmit Copy A of Form(s) W-2, Wage and Tax Statement. Make a copy of Form W-3 and keep it with Copy D (For Employer) of Form(s) W-2 for your records. Use Form W-3 for the correct year. **File Form W-3 even if only one Form W-2 is being filed.** If you are filing Form(s) W-2 electronically, **do not** file Form W-3.

### When To File

File Form W-3 with Copy A of Form(s) W-2 by February 29, 2008.

### Where To File

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 back of Copy D of Form W-2.**