

IRS Form W-3 (For businesses with 6 or more employees)

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008				
b Kind of Payer (Check one)	<input type="checkbox"/> 941	Military	<input type="checkbox"/> 943	<input type="checkbox"/> 944	Kind of Employer (Check one)	None apply	<input type="checkbox"/> 501c non-govt.	Third-party sick pay (Check if applicable)
	<input type="checkbox"/> CT-1	Hshld. emp.	Medicare govt. emp.			<input type="checkbox"/> State/local non-501c	<input type="checkbox"/> State/local 501c	
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Federal income tax withheld		
e Employer identification number (EIN)				3 Social security wages		4 Social security tax withheld		
f Employer's name				5 Medicare wages and tips		6 Medicare tax withheld		
g Employer's address and ZIP code				7 Social security tips		8 Allocated tips		
				9		10 Dependent care benefits		
				11 Nonqualified plans		12a Deferred compensation		
h Other EIN used this year				13 For third-party sick pay use only		12b		
15 State	Employer's state ID number			14 Income tax withheld by payer of third-party sick pay				
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		
Employer's contact person				Employer's telephone number		For Official Use Only		
Employer's fax number				Employer's email address				

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