

EMPLOYER NAME	ACCOUNTANT'S NAME	ACCOUNT #
W-3 EMPLOYER DATA		

EMPLOYER FEDERAL ID NUMBER
EMPLOYER NAME
ADDITIONAL NAME
STREET ADDRESS
CITY STATE ZIP
FOREIGN ADDRESS
PRIMARY STATE ID #
ELECTRONIC FILER
SUPPRESS PRINTING OF PAYER INFO

TYPE OF EMPLOYER (REGULAR - AUTOMATIC)
OTHER EIN USED
SUTA RATE %

TYPE OF EMPLOYER: REGULAR
 AGRICULTURE
 HOUSEHOLD
 MILITARY
 MEDICARE QUAL
 RAILROAD
 3RD PARTY SICK PAY
 HOUSEHOLD 944

CONTACT INFORMATION
NAME
TITLE
TELEPHONE #
FAX #
E-MAIL ADDRESS

W-2 DEFAULT SETTINGS
STATE 1 CODE STATE 2 CODE
LOCALITY 1 NAME LOCALITY 2 NAME
BOX 13 COMPANY MAINTAINS RETIREMENT PLAN
CHECK ALL BOX 13 AS RETIREMENT PLAN <input type="checkbox"/>

SUMMARY TOTALS

DESCRIPTION	TOTAL AMOUNT
1. Wages, tips, other comp.	
2. Federal income tax withheld	
3. Social security wages if different from federal wages	
4. Social security tax withheld	
5. Medicare wages & tips if amount different from federal wages	
6. Medicare tax withheld	
7. Social security tips	
8. Allocated tips	
9. Advance EIC payment	
10. Dependent care benefits	
11. Nonqualified plans	
11. Nonqualified Sec. 457 plans	

	#1	#2	#3	
12. Box 12	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
14. Box 14	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	

	State #1 Name:	State #2 Name:
16. State Wages if different from federal wages	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
17. State Withholding	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
18. Local Wages if different from federal wages	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
19. Local Withholding	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

Number of W-2s Submitted for this company