

DO NOT STAPLE OR FOLD

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

**Copy A—For Social Security Administration**

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-3SS** **Transmittal of Wage and Tax Statements** **2020** Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3SS if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Form(s) W-2AS, W-2CM, W-2GU, W-2VI, and W-3SS.

**Reminder**

**Separate instructions.** See the 2020 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3SS even if only one paper Form W-2AS, W-2CM, W-2GU, or W-2VI that were submitted electronically to the SSA.

**Purpose of Form**

Complete a Form W-3SS Transmittal only when filing paper Copy A of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI. Don't file Form W-3SS alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3SS even if only one paper Form W-2AS, W-2CM, W-2GU, or W-2VI is being filed. Make sure both the Form W-3SS and Form(s) W-2AS, W-2CM, W-2GU, or W-2VI 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-2AS, W-2CM, W-2GU, or W-2VI for your records. The IRS recommends retaining copies of these forms for 4 years.

**E-Filing**

The SSA strongly suggests employers report Form W-3SS and Form(s) W-2AS, W-2CM, W-2GU, or W-2VI 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-2AS, W-2CM, W-2GU, or W-2VI at a time to the 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 Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by **February 1, 2021**. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First time filers, select "Register"; returning filers select "Log In."

**When To File Paper Forms**

Mail Copy A of Form W-3SS with Copy A of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI by **February 1, 2021**.

**Where To File Paper Forms**

Send this entire page with the entire Copy A page of Form(s) W-2AS, W-2CM, W-2GU, or W-2VI to:

**Social Security Administration  
Direct 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 Pub. 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.**

DO NOT STAPLE OR FOLD

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

**Copy 1 – For Local Tax Department**

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-3SS Transmittal of Wage and Tax Statements

2020

Department of the Treasury  
Internal Revenue Service

**Where To File**

For more information about where to file Copy 1, contact your state, city, or local tax department.

**American Samoa.** File Copy 1 of Form W-3SS and Form(s) W-2AS at the following address.

**American Samoa Tax Office**  
Executive Office Building  
First Floor  
Pago Pago, AS 96799

**Guam.** File Copy 1 of Form W-3SS and Form(s) W-2GU at the following address.

**Guam Department of Revenue and Taxation**  
P.O. Box 23607  
GMF, GU 96921

**U.S. Virgin Islands.** File Copy 1 of Form W-3SS and Form(s) W-2VI at the following address.

**Virgin Islands Bureau of Internal Revenue**  
6115 Estate Smith Bay  
Suite 225  
St. Thomas, VI 00802

**Commonwealth of the Northern Mariana Islands.** File Form OS-3710 and Copy 1 of Form(s) W-2CM at the following address.

**Division of Revenue and Taxation**  
Commonwealth of the Northern Mariana Islands  
P.O. Box 5234 CHRB  
Saipan, MP 96950