

Click each field to read IRS instructions and what each box means, view Quickboks Desktop Information, and troubleshooting tips.

**DO NOT STAPLE**

<b>33333</b>		<b>a</b> Control number		<b>For Official Use Only ▶</b> OMB No. 1545-0008			
<b>b</b> Kind of Payer (Check one)		<input type="checkbox"/> 941	<input type="checkbox"/> Military	<input type="checkbox"/> 943	<input type="checkbox"/> 944	<b>Kind of Employer</b> (Check one)	
<input type="checkbox"/> CT-1		<input type="checkbox"/> Hshld. emp.	<input type="checkbox"/> Medicare govt. emp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None apply	<input type="checkbox"/> 501c non-govt.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> State/local non-501c	<input type="checkbox"/> State/local 501c
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Federal govt.	<input type="checkbox"/> Third-party sick pay (Check if applicable)
<b>c</b> Total number of Forms W-2		<b>d</b> Establishment number		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal 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>g</b> Employer's address and ZIP code				<b>7</b> Social security tips		<b>8</b> Allocated tips	
				<b>9</b>		<b>10</b> Dependent care benefits	
				<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> State		Employer's state ID number		<b>14</b> Income tax withheld by payer of third-party sick pay			
<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> 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 **2017** Department of the Treasury Internal Revenue Service

## Overview

For a detailed explanation of each line, refer to the [Instructions for Form W-3.](#)