

For Informational Purposes

22222		VOID ☐	a Employee's social security number		For Official Use Only OMB No. 1545-0029	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial			11 Nonqualified plans		12a See instructions for box 12	
			13 Statutory employee Retirement plan Third-party sick pay		12b	
			14a Other		12c	
			14b Treasury Tipped Occupation Code(s)		12d	
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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DO NOT STAPLE

33333		a Control number		For Official Use Only: OMB No. 1545-0029			
b Kind of Payer (Check one)		☐ 941 CT-1	☐ Military Hshld. emp.	☐ 943 Medicare govt. emp.	☐ 944	Kind of Employer (Check one)	
						☐ None apply State/local non-501c ☐	☐ 501c non-govt. State/local 501c ☐
						☐ Federal govt.	☐ Third-party sick pay (Check if applicable)
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	
				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**2026**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 (SSA).

Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.

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

Part 1: Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico must skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	
2	Wages, tips, and other compensation	2	
3	Federal income tax withheld from wages, tips, and other compensation	3	
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	☐ Check here and go to line 6.	
Column 1 5a Taxable social security wages × 0.124 = 5b Taxable social security tips × 0.124 = 5c Taxable Medicare wages & tips × 0.029 = 5d Taxable wages & tips subject to Additional Medicare Tax withholding × 0.009 = Column 2 5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d 5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
15a	Overpayment. If line 13 is more than line 12, enter the difference	15b	Check one: ☐ Apply to next return. ☐ Send a refund.
15c	Routing number	15d	Type: ☐ Checking ☐ Savings