

**EMPLOYER COPY DO NOT FILE**

|                                   |  |   |   |  |
|-----------------------------------|--|---|---|--|
| <b>33333</b>                      |  | a Control number<br>8                     | For Official Use Only<br>OMB No. [REDACTED]             |  |
| b Kind of Payer<br>(Check one)    | <input checked="" type="checkbox"/> 941        | Military <input type="checkbox"/>         | 943 <input type="checkbox"/>                            | 944 <input type="checkbox"/>   |
|                                   | <input type="checkbox"/> CT-1                  | Hshld. emp. <input type="checkbox"/>      | Medicare govt. emp. <input type="checkbox"/>            |  |
| Kind of Employer<br>(Check one)   | <input checked="" type="checkbox"/> None apply | 501c non-govt. <input type="checkbox"/>   |   | Third-party sick pay<br>(Check if applicable) <input type="checkbox"/> |
|                                   | <input type="checkbox"/> State/local non-501c  | State/local 501c <input type="checkbox"/> | Federal govt. <input type="checkbox"/>                  |  |
| c Total number of Forms W-2       | d Establishment number                         |   | 1 Wages, tips, other compensation                       | 2 Federal income tax withheld  |
| e Employer identification number  |  |   | 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 Allocated tips   |
|                                   |  |   | 9   | 10 Dependent care benefits   |
|                                   |  |   | 11 Nonqualified plans                                   | 12a Deferred compensation  |
| g Employer's address and ZIP code |  |   | 13 For Third-party sick pay use only                    | 12b  |
| h Other EIN used this year        |  |   | 14 Income tax withheld by payer of third-party sick pay |  |
| 15 State                          | Employer's state I.D. number                   |   | 16 State wages, tips, etc.                              | 17 State income tax  |
|                                   |  |   | 18 Local wages, tips, etc.                              | 19 Local income tax  |
| Contact Person                    |  | Telephone number                          | For Official Use Only                                   |  |
| Fax number                        |  | E-mail address                            |   |  |

Form **W-3** Transmittal of Wage and Tax Statements

2019

Department of the Treasury  
Internal Revenue Service

REV 12/23/19 OSP

**2019 W-2 and EARNINGS SUMMARY**



|  |                                 |  |
|--|---------------------------------|--|
| <b>W-2</b>                                 |                                 | Employee Reference Copy                    |
| Wage and Tax Statement                     |                                 | 2019                                       |
| Copy C for employee records                |                                 | OMB No. 1545-0045                          |
| d Control number                           | Dept.                           | Corp.                                      |
| c Employer's name, address, and ZIP code   |                                 | Employer use only <input type="checkbox"/> |
| e/f Employee's name, address, and ZIP code |                                 |  |
| b Employer's FED ID number                 | a Employee's SSA number         |  |
| 1 Wages, tips, other comp.                 | 2 Federal income tax withheld   |  |
| 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                |  |
| 9  | 10 Dependent care benefits      |  |
| 11 Nonqualified plans                      | 12a See instructions for box 12 |  |
| 14 Other                                   | 12b                             |  |
|  | 12c                             |  |
|  | 12d                             |  |
| 15 State                                   | Employer's state ID no.         | 16 State wages, tips, etc.                 |
| 17 State income tax                        |                                 | 18 Local wages, tips, etc.                 |
| 19 Local income tax                        |                                 | 20 Locality name                           |

COMPANY YAH

35  
36  
0  
36

Total Employees  
Total Forms Count  
Total eForms  
Total Forms Processed

NY PFL (Box 14)  
VPDI (Box 14)  
401(K) (D-Box 12)

\*\*\*\*\* TOTALS \*\*\*\*\*  
For : BATCH NO. [REDACTED] 0  
For : COMPANY [REDACTED]

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**Balancing Form W-2/W-3 Totals to the Wage and Tax Register**