



SECTION 1. PURPOSE

.01 The purpose of this revenue procedure is to provide the general rules for filing and to state the requirements of the Internal Revenue Service (IRS) and the Social Security Administration (SSA) for reproducing paper substitutes for Form W-2, Wage and Tax Statement, and Form W-3, Transmittal of Wage and Tax Statements, for amounts paid during the 1997 calendar year. The information reported on Forms W-2 and W-3 is required to establish tax liability for employees and their eligibility for Social Security and Medicare benefits.

.02 Forms W-2 and W-3 have only minor changes for 1997. Please see "Nature of Changes" (Section 2, below) and the exhibits at the end of this revenue procedure for changes to the Form W-2 and W-3.

.03 For the purpose of this revenue procedure, a substitute form is one that is not printed by IRS. **A substitute Form W-2 or W-3 MUST conform to the specifications in this revenue procedure to be acceptable to the IRS.** Preparers should also refer to the separate instructions for Forms W-2 and the instructions on Form W-3 for details on how to complete these forms. See Part C, Sec. 4.01, for information on ordering the official IRS forms and instructions. See Part B, Sec. 2, for requirements for substitute forms furnished to employees.

.04 IRS has instituted a centralized call site to answer questions related to information returns (Forms W-2, W-3, 1099, etc.). The call-site phone number is (304)263-8700 (**not a toll-free number**). The number for Telecommunication Device for the Deaf (TDD) is (304)267-3367 (not a toll-free number).

.05 IRS has established a personal computer based Information Reporting Program Bulletin Board System (IRP-BBS) at the IRS Martinsburg Computing Center (IRS/MCC). This system provides access to the forms and publications relating to information returns, news of the latest changes, the ability to receive answers to specific questions, access to shareware, and other features. The IRP-BBS is available for public use and can be reached by dialing (304)264-7070 (**not a toll-free number**). The IRP-BBS is compatible with most modems. For more infor-

General Rules for Filing and Specifications for the Private Printing of Substitute Forms W-2 and W-3

26 CFR 601.602: Forms and instructions. (Also Part I, Sections 6011, 6041, 6051, 6071, 6081, 6091; 1.6041-1, 1.6041-2, 31.6051-1, 31.6051-2, 31.6071(a)-1, 31.6081(a)-1.)

mation concerning this system, call IRS/MCC at (304)263-8700 (**not a toll-free number**).

.06 Employers are reminded that under Section 6722 of the Internal Revenue Code (IRC) they can be assessed a penalty of \$50 per Form W-2 that is not furnished to an employee on a form acceptable to the IRS (up to \$100,000). To be acceptable to IRS, the Form W-2 must be either the "official" form or a substitute form with the core data placed exactly as specified in Part B., Section 2.04 of this Revenue Procedure. No IRS office is authorized to allow deviations from this Revenue Procedure.

.07 This revenue procedure supercedes Rev. Procs. 96-24 and 9624A, 1996-5 I.R.B., dated January 29, 1996, and 1996-15 I.R.B., dated April 8, 1996 (Reprinted as Publication 1141, Revised 4-96).

SEC. 2. NATURE OF CHANGES

.01 The text and exhibits were updated for tax year 1997.

.02 Only 7 inch width Forms W-2 and W-3 are acceptable for SSA processing. The exhibits for the printing of 7.5 and 8 inch width Forms W-2 and W-3 have been removed because 7.5 and 8 inch forms cannot be put through SSA scanning equipment. Keying from the paper documents will be necessary for any 7.5 and 8 inch forms submitted to SSA.

.03 Information has been added that will require businesses terminating operations to give their employees Form W-2 when the employer files the final Form 941, Employer's Quarterly Federal Tax Return. This also changes the filing date Form W-2 must be sent to SSA. See Part A, Section 3.06 below for new information.

.04 The Void Box on Form W-2, Copy A, was enlarged and set with bold rules. This was requested by SSA to bring more attention to voided forms so void totals are not included in subtotals and total on Forms W-2 and W-3.

.05 Form W-2, Box 13, added codes R, S, and T for medical savings, SIMPLE retirement account, and adoption assistance payment. More details about these new codes can be found beginning in Part B, Sec. 1.04.16 below.

.06 New paragraph was added to the paperwork reduction act notice at the direction of OMB.

.07 Added information stating Household Employers with only one household employee must file Form W-3 with Form W-2. This is based on an agreement between SSA and IRS. See Part B, Section 1.10 below for new requirement.

.08 Form W-3, boxes 13 and 14, and their related instructions have been deleted. SSA says they no longer need this information. See Part A, Section 4.04.

.09 Changed the instructions for substitute forms W-2 to require that employers may provide multiple occurrences of box 13 but the boxes should use the same codes as those assigned by IRS. See Part B, Section 2.04.14 below for new information.

.10 Provided examples of the various types of information that should go in box 14, Form W-2. See Part B, Section 2.04.19 for details.

.11 The section titled "Where to File" in the general instructions on the employer's copy of the official Form W-3 must be printed in its entirety on all substitute Forms W-3.

.12 The tax year (**1997**) must be printed in non-reflective black ink on all copies of Form W-2 and Form W-3 using 24 pt OCR-A font. The forms identification numbers, e.g., 22222 or 33333, at the top of the forms must be printed in non-reflective black ink. It is imperative that SSA's scanning equipment be able to recognize the form number so that, for example, a Form W-3 is recognized and is not scanned or keyed as a Form W-2. The form number (W-2 and W-3), and the signature line information on Form W-3, must be printed in non-reflective black ink. The word "Form" as well as the form title(s), e.g., Wage and Tax Statement and Transmittal of Wage and Tax Statements, should be printed in red OCR drop-out ink.

.13 The correct scanable image depth of Form W-2, Copy A, must be 4.833 inches, instead of 5.5 inches as previously stated. The correct scanable image depth of Form W-3 on a page must be 4.167 inches, and not 4.4 inches as previously stated. See exhibits A and B.

.14 The Catalog Number, shown on the 1997 Form W-2 as "Cat. No. 10134D", and the Catalog Number shown on the 1996 Form W-3 as No. 10159Y, is used for IRS distribution purposes and should not be printed on substitute Forms W-3 or W-2 (Copy A or employee copies).

.15 Added information regarding extensions of time to file for more than 50

employers. See Part A, Section 3.08, for the new information.

.16 The zip code for P.O. Box number reserved for the Information Returns Magnetic Media Reporting Program has changed. See Part A, Section 3.01.2, for the new zip code.

.17 The Earned Income Credit notification to employees has been removed from the back of Copy C, and must now be printed on the back of Copy B, Form W-2.

.18 Added information on how forms can be ordered through computer on-line services.

.19 Various editorial changes were made.

SEC. 3. GENERAL RULES FOR FILING FORMS W-2

.01 Employers **MUST** use magnetic media for filing with SSA if they prepare and file 250 or more 1997 Forms W-2 (Copy A). This requirement applies unless:

1. The employer can establish that filing on magnetic media will result in undue hardship, **AND**

2. The employer is granted a waiver of the requirement by IRS.

To request a waiver of the magnetic media filing requirement, for the current tax year only, submit Form 8508, *Request for Waiver From Filing Information Returns on Magnetic Media*, to:

If by Postal Service:

Internal Revenue Service
Martinsburg Computing Center
P.O. Box 1359
Martinsburg, WV **25402-1359**

Or, if by truck or air freight:

IRS—Martinsburg Computing Center
Magnetic Media Reporting
Route 9 and Needy Road
Martinsburg, WV 25401.

Forms may also be FAXED to the IRS/MCC at (304) 264-5602.

Form 8508 may be obtained through electronic options on the Internet at <http://www.irs.ustreas.gov>, or by calling 1-800-829-3676. Form 8508 also may be obtained directly from the IRS Martinsburg Computing Center (IRS/MCC) at the above address or by calling (304)263-8700 (not a toll-free number). The number for Telecommunication Device for the Deaf (TDD) is (304)267-3367 (not a toll-free number). It is recommended that completed requests for waivers (Form 8508) be submitted at least 45 days before but no later than the due date of the return (see Sec. 3.06,

below). The requestor will receive an approval or denial letter from IRS, but must allow at least **30** days for IRS to respond. If you have any questions concerning Form 8508, contact IRS/MCC at the address or phone number shown above. Employers who do not comply with the magnetic media filing requirements for Form W-2 and who are not granted a waiver may be subject to certain penalties. Since many states and local governments accept Form W-2 data on magnetic media, savings may be obtained if magnetic media is used for filing with both SSA and state or local governments. In many instances, the state or local government is willing to accept the data format specifications set out in SSA's Technical Information Bulletin (TIB) No. 4, Magnetic Media Reporting. You must contact each individual state or local taxing agency to receive approval and make arrangements to file on magnetic media.

EMPLOYERS WHO FILE FORM W-2 INFORMATION ON MAGNETIC MEDIA WITH SSA MUST NOT SEND THE SAME DATA TO SSA ON PAPER FORMS W-2. This would result in duplicate reporting and may subject the filer to an unnecessary contact by the IRS.

.02 TIB-4, *Magnetic Media Reporting, Submitting Annual W-2 Copy A Information to the Social Security Administration*, (SSA Pub. No. 42-007, revised **Oct., 1996**) contains the specifications and procedures for filing Form W-2 information on magnetic media with SSA. Specifications for both tape and diskette reporting for Forms W-2 are included in the TIB-4.

.03 TIB-4 may be obtained by writing to:

Social Security Administration
OCRO, DEA
Attn: Resubmittal Unit
300 North Greene Street
Baltimore, MD 21201.

Employers may call their local SSA Magnetic Media Coordinator (MMC) to obtain the TIB-4 (see list of Magnetic Media Coordinators' telephone numbers in the Appendix). The TIB-4 is also on the SSA Annual Wage Reporting Bulletin Board System (AWRBBS). The number for the AWRBBS is (410)965-1133 (not a **toll-free number**). Employers using magnetic media are cautioned to obtain the most recent revision of the TIB-4 *and supplements* due to possible changes in the specifications and procedures.

.04 Employers not using magnetic media must file a paper Copy A of

Form W-2 with SSA on either the IRS printed official form or a privately printed substitute paper form that exactly meets the specifications shown in Parts B and C.

.05 Employers can design their own statements to give to employees. This applies to both employers who file with SSA either on magnetic media or paper Forms W-2, Copy A. Employee statements designed by employers must comply with the requirements shown in Parts B and C, below.

NOTE: Copy A must not be filed on paper with SSA when the same Form W-2 information is filed on magnetic media. Therefore, magnetic media filers who use the official IRS printed form or any other pre-printed form are advised not to print Copy A, or to discard a printed Copy A, to prevent duplicate information from being submitted to SSA.

.06 Beginning January 1, 1997, if you are terminating your business, you must provide your employees with Forms W-2 on or before the due date of the business filing its final Form 941. Employers must also file Forms W-2 and W-3 with SSA on or before the last day of the month following the due date of the final Form 941. See Rev. Proc. 96-57, Automatic Extensions for Forms W-2, Internal Revenue Bulletin 1996-53 dated 12/30/96, for more information.

Note: Use of a reporting agent or other third-party payroll service provider does not relieve an employer of the responsibility to ensure that tax and information returns are sent out and/or filed correctly and on time.

.07 1997 Forms W-2, whether filed on magnetic media or paper, must be submitted to SSA on or before **March 2, 1998**. In addition, the employee copies must be furnished to the employee on or before January 31, 1998. If employment ended before December 31, 1997, the employee may be furnished his/her copy any time after employment ends, but no later than January 31, 1998. However, if the employee requests Form W-2, you must furnish him or her the completed copies within 30 days of the request or of the final wage payment, whichever is later. This requirement is met if the form is properly addressed, mailed, and postmarked on or before the due date. Failure to timely file with SSA or to timely provide the employee copies may subject the employer to penalties. Employers needing additional time to file Form W-2 information (paper or

magnetic media) with SSA may request an extension of time to file by submitting Form 8809, *Request for Extension of Time to File Information Returns*, to the IRS/MCC at the address (or alternative address) listed in Sec. 3.01, above. The extension request should be filed as early as possible, but must be postmarked no later than the due date of the forms (**March 2, 1998**). **DO NOT SEND FORM 8809 TO SSA.**

NOTE: APPROVAL OF THE EXTENSION IS NOT AUTOMATIC. Approval or denial is based on administrative criteria and guidelines. The requestor will receive an approval or denial letter from IRS and must allow at least 30 days for IRS to respond. Form 8809 may be obtained through electronic options on the Internet at <http://www.irs.ustreas.gov>; by modem to IRIS (703)321-8020; or by using the IRS Fax Forms Program (703)487-4160, or by calling 1-800-829-3676. You can also contact IRS/MCC (See the address and phone number in Sec. 3.01, above).

.08 If requesting extensions of time for more than 10 employers, IRS encourages filers to submit the request on tape, tape cartridge, 5 1/4 or 3 1/2-inch diskette, or electronically through the Information Reporting Program Bulletin Board System (IRP-BBS). **Transmitters requesting an extension of time to file more than 50 payers are required to file the extension request on magnetic media or electronically.** Transmitters who submit requests for multiple payers will receive one approval letter with an attached list of payers covered under that approval. Publication 1220, *Specifications for Filing Forms 1098, 1099 series, 5498 and W-2G Electronically or on Magnetic Media*, provides information on how to file requests for extensions of time on tape, diskette, or electronically.

NOTE: To file a request for extensions of time magnetically or electronically for multiple payers, third party filers and/transmitters, must have an IRS Transmitter Control Code (Authorization to file information returns).

SEC. 4. GENERAL RULES FOR FILING FORM W-3

.01 Employers submitting Form W-2 (Copy A) on paper to SSA must transmit Forms W-2 with Form W-3.

.02 Form W-3 must be the same width (7 inches) as the Forms W-2 filed.

.03 Form W-3 should only be used to transmit paper Forms W-2 (Copy A). Magnetic media filers do not file Form W-3. Employers using magnetic media must transmit Form W-2 data with Form 6559, *Transmitter Report and Summary of Magnetic Media*, (and Form 6559-A, *Continuation Sheet for Form 6559*, if necessary). These forms may be obtained by calling either your SSA MMC (see listing in Appendix) or IRS at 1-800-829-3676.

.04 For 1997 Forms W-3, entries are not needed for Adjusted total social security wages and tips (**formerly box 13**) and Adjusted total Medicare wages and tips (**formerly box 14**).

PART B. REQUIREMENTS FOR FILING PAPER SUBSTITUTES

SEC. 1. REQUIREMENTS FOR SUBSTITUTE "PRIVATELY PRINTED" FORMS SUBMITTED TO SSA (FORMS W-2, COPY A, AND FORMS W-3)

.01 Employers may file privately printed substitute Forms W-2 and W-3 with SSA. The substitute form must be an exact replica of the IRS printed form (or official reproduction proof) with respect to layout and contents because it will be read by machine. The Government Printing Office (GPO) symbol must be deleted (see Sec. 1.16, below). The specifications and allowable tolerances for the Copy A of substitute Forms W-2 are provided later in this Revenue Procedure. See Exhibit A for Form W-2 specifications. The specifications for Forms W-3 are provided in Exhibit B.

.02 Paper for substitute Forms W-2, Copy A, and Form W-3 (cut sheets and continuous pinfeed forms) that are to be filed with SSA must be white 100% bleached chemical wood, **18-20 pound paper only**, optical character recognition (OCR) bond produced in accordance with the specifications shown as follows:

Paper Requirements

- 1 Acidity: pH value, average, not less than 4.5
- 2 Basis Weight 17 x 22 500 cut sheets. 18-20 Metric equivalent grams per sq. meter 60-75 A tolerance of ±5 pct. shall be allowed.

- 3 Stiffness: Average, each direction, not less than Gurley milligrams—
Cross direction 50
Machine direction. 80
- 4 Tearing Strength: Average, each direction, not less than—Grams . . 40
- 5 Opacity: Average, not less than—Percent 82
- 6 Reflectivity: Average not less than—percent 68
- 7 Thickness:
Average inch 0.0038
Metric equivalent mm 0.097
A tolerance of ±0.0005 inch (0.0127mm) shall be allowed. Paper shall not vary more than 0.0004 inch (0.012mm) from one edge to the other.
- 8 Porosity: Average, not less than—seconds 10
- 9 Finish (smoothness):
Average, each side—seconds. . 20-55
(For information only, the Sheffield equivalent unit . . 170-d100)
- 10 Dirt: Average, each side, not to exceed— Parts per million 8

NOTE: Reclaimed fiber in any percentage is permitted, provided the requirements of this standard are met. **DO NOT USE RECYCLED PAPER.**

.03 All printing for Copy A (of Forms W-2) and Form W-3 will be in red OCR dropout ink, as specified below, except for the form identifying numbers '22222' or '33333' at the top of the form, as well as the **tax year at the bottom** of the form (see Exhibits C and D), must be printed in **non-reflective black ink**. All other printing will be in red OCR drop-out ink meeting, or comparable to, the specifications in this paragraph. The OCR drop-out ink for paper Forms W-2, Copy A, and W-3 is specified as Flint Ink (formerly Sinclair and Valentine) J-6983 red ink or equivalent. This is the same ink that is used for Copy A of the Form 1099 series. The use of this is required for 1997 Forms W-3 and W-2, Copy A. NOTE: Printing in any other red OCR dropout ink must be cleared by contacting Banc-Tech Corp., Attn: Forms Designer & Analyst, P.O. Box 660204, MS-77, Dallas, TX 75266 (214-579-6927—This is a voice mail number. Leave a message and your call will be returned).

.04 Type must be substantially identical in size and shape with corresponding type on the official form. The form identifying number MUST be printed in non-reflective black ink using an OCR-A font; 10 characters per inch.

1. On Form W-3 and Copy A of Forms W-2, all the perimeter rules must be 1-point (0.014 inch), while all other rules must be one-half point (0.007 inch).

2. Vertical rules must be parallel to the left edge of the form; horizontal rules parallel to the top edge.

.05 Two official Forms W-2 (Copy A), or one official Form W-3 are contained on a single page that is 7 inches wide (exclusive of any snap-stubs) by 11 inches deep. The form identifying number for the official forms (7 inches wide) is '22222' (5 digits) for Form W-2 and '33333' (5 digits) for Form W-3. The top margin for 1997 Forms W-3 and W-2, Copy A is .375 inch (3/8 inch). The right margin must be .15 inch and the left margin .35 inch (plus or minus .0313 inch). The margins are unchanged from 1996. Margins must be free of all printing. For Forms W-2, Copy A, the combination width of Box 1, "Control number", and the box containing the form identifying number (22222) must always be 2.0 inches. For Form W-3, the combined width of these boxes must always be 2.2 inches.

NOTE: All form identifying numbers are to be printed in non-reflective black ink, using OCR-A font, printed 10 characters per inch.

.06 The depth of the individual scannable image on a page must be the same as that of the IRS printed forms. For Form W-2, the depth is 4.833 inches (see Exhibit A). The scannable image depth of the Form W-3 on a page must be 4.167 inches (see Exhibit B).

.07 The words "*Do NOT Cut or Separate Forms on This Page*" must be printed in red OCR dropout ink between the two Forms W-2 on Copy A only (see Exhibit A). Perforations are required on all copies (except Copy A) to enable the separation of individual forms. Continuous pinfeed copy A forms must be separated at the page perforation into individual 11" deep pages before submission to SSA. The pinfeed strips must also be removed. However, the two W-2 documents contained on the 11" deep page *must not* be separated.

.08 The words "**For Paperwork Reduction Act Notice, see separate instructions**", *must* be printed in red OCR drop-out ink on Forms W-2, Copy A (see Exhibit A for format and location).

.09 The Office of Management and Budget (OMB) Number *must* be printed

on each ply of Form W-2 and W-3 (see Exhibits A and B for format and location).

.10 The section titled "Where to File" in the general instructions on the employer's copy of the official Form W-3, **must be** printed in its entirety on all substitute Forms W-3 (see Exhibit B). *Household employers filing Forms W-2 for household employees should send the forms to the same address shown listed in the instructions.*

Note: Household employers, even those with only one household employee, must file Form W-3 with Form W-2. On Form W-2, mark the "Hshld. Emp." Box in Box 15, and on Form W-3 mark the "Hshld." Box in Box b.

.11 The Paperwork Reduction Act Notice must be printed on Form W-3 (see Exhibit B for format and location).

.12 *Privately printed continuous substitute Forms W-2, Copy A, must be perforated at each 11" page depth. No perforations are allowed between the individual forms (5 1/2 inch Forms W-2) on a single copy page of Copy A.* Continuous pinfeed Copy A forms must be separated at the page perforation prior to submitting them to SSA. Two Copy A forms are contained on one page. The two copies must remain together on the page. Only the pages are to be separated (burst). Perforations are required between all the other *individual* copies on a page (Copies 1, B, C, 2, and D) included in the set.

.13 The back of a substitute Form W-2, Copy A, and Form W-3 (page 1) must be free of all printing.

.14 Spot carbons are *NOT permitted* for Copy A of Forms W-2 or for Form W-3. Interleaved carbon should be black and must be of good quality to assure legibility of information on all copies and to preclude smudging.

.15 Chemical transfer paper is permitted for Form W-2, Copy A, and Form W-3 only if the following standards are met:

1. Only *chemically backed* paper is acceptable for Copy A.

2. Carbon coated forms are not permitted. Front and back chemically treated paper cannot be processed properly by machine.

3. Chemically transferred images must be black in color.

.16 The GPO symbol must not be placed on substitute Copy A of Forms W-2.

.17 The Catalog Number, shown on the 1997 Form W-2 as "Cat. No.

10134D", and the Catalog Number shown on the 1996 Form W-3 as "Cat. No. **10159Y"**, is used for IRS distribution purposes and should not be printed on substitute forms.

SEC. 2. REQUIREMENTS FOR SUBSTITUTE FORMS FURNISHED TO EMPLOYEES (COPIES B, C, AND 2 OF FORMS W-2)

.01 All employers (including those who file on magnetic media and do not file a paper Copy A) must furnish employees with at least two copies of the Forms W-2 (three or more for employees required to file a state, city, or local income tax return). The dimensions of these copies (Copies B, C, etc.) but not copy A, may be expanded from the dimensions of the official form to allow space for conveying additional information, such as additional entries required for Boxes 13 or 14, withholding from pay for health insurance, union dues, bonds, charity, etc. The requirement that a maximum of three items are permitted in Box 13 of Form W-2 applies only to the paper **Copy A** that is filed with SSA. As long as sufficient space is provided on the substitute employee copies, as many items as needed may be placed in Box 13 or box 14. Also, on these copies (Copies B, C, etc.), the size of these boxes may be adjusted. (However, see the minimum sizes for certain boxes, below). This may permit the employer to eliminate other statements or notices that would otherwise be furnished to employees.

1. The **MAXIMUM** allowable dimensions for employee copies of Forms W-2 are:

(a) depth should be no more than 6.5 inches;

(b) width should be no more than 8.5 inches.

2. The **MINIMUM** allowable dimensions for employee copies of Forms W-2 are:

(a) 2.67 inches by 5.0 inches.

(b) horizontal or vertical format is permitted.

NOTE: These minimum and maximum size specifications are for **1997** only and may change for future years. The maximum width of 8.5 inches is for employee copies of Form W-2 only. The width of the paper Copy A, submitted to SSA, is specified in Part B, section 1.05 above.

.02 The paper for all copies should be white. The substitute Copy B (or its equal), that employees are instructed to

attach to their Federal income tax return, must be at least 12 pound paper (basis 17 x 22-500), while the other copies furnished the employee should be at least 9-pound paper (basis 17 x 22-500).

.03 Interleaved carbon and chemical transfer paper for employee copies must meet the following standards:

1. All copies must be **CLEARLY LEGIBLE**;

2. All copies must have the capability to be photocopied; and

3. Fading must not be of such a degree as to preclude legibility and the ability to photocopy.

In general, black chemical transfer inks are preferred; other colors are permitted only if the above standards are met. "Spot carbons" are **NOT** permitted (See Part B, Sec. 1.15, above, for standards for chemical transfer paper for Copy A.)

.04 The following requirements govern the private printing of employee copies of Forms W-2. All substitutes must be a form, which contains boxes, box numbers, and box titles that, where applicable, match the IRS printed form. The placement, numbering, and size of certain boxes (the "core" information) is specified as follows:

1. The items and box numbers that constitute the core data are:

Box 1—Wages, tips, other compensation,

Box 2—Federal income tax withheld,

Box 3—Social Security Wages/
Railroad Retirement Compensation,

Box 4—Social Security tax withheld/
Railroad Retirement Tax Withheld,

Box 5—Medicare wages and tips/
Railroad Retirement Tips,
and

Box 6—Medicare tax withheld/
Railroad Retirement Tax Withheld.

NOTE: Railroad employees may not be subject to Social Security coverage but are subject to Railroad Retirement Tax Tier I and II coverage. Railroad Compensation employers may make the above modifications to Forms W-2 but only for substitute Forms W-2 furnished to employees and *not* for any Copy A forms to be filed with SSA.

The "core" boxes **must** be printed in the exact order on each line as on the IRS printed form (see the Exhibits at the end of this revenue procedure). Boxes 1 and 2 must be next to each other, with

Boxes 3 and 4 below on the next line, and Boxes 5 and 6 on the line below Boxes 3 and 4.

2. The block of core data (Boxes 1 through 6) must be placed in the upper right of the form. Substitute employee copies of Form W-2, which are printed using a vertical format with dimensions smaller than the IRS printed form, may have the core data entirely on the top of the form (see Exhibit F). In no instance will boxes or other information be permitted to the right of the core data. Standard margins or a small amount of other blank space may appear to the top or right of this data. The form title, number, or copy (Copy B, C, etc.) may be at the top of the form. Also, a reversed or blocked-out area to accommodate a postal permit number or other postal considerations is permitted at the upper right of the form.

3. Boxes 1 through 6 must each be a minimum of 1 3/8 inches wide and 1/4 inch deep.

4. Other required boxes:

—Employer identification number (EIN),

—Employer's name, address, and ZIP code,

—Employee's Social Security number, and

—Employee's name, address, and ZIP code.

These items are required to be present on the form and must be in boxes similar to those on the IRS printed form. However, they may be placed in any location, other than the top or upper right. The lettering system used on the IRS printed form ("a" through "f") need not be used. The employer's EIN may be included in the box for the employer's name and address. If this is done, a separate box for the EIN is not required. The Control number box (Box "a" on the IRS printed form) is not required.

5. The Tax Year (1997) **MUST** be clearly printed on all copies of substitute Forms W-2. It is recommended (but not required) that this information be located to the right of the form title on the lower left of the Form W-2. **The tax year must also be printed in non-reflective black ink using 24 pt OCR-A font.**

6. If applicable, Social Security tips **MUST** be shown separately from Social Security wages. A separate box is not required unless Social Security tips are to be reported.

Boxes 1 and 2 on Copy B are required to be outlined in bold 2-point

rule (see Exhibit E) or highlighted in some manner to distinguish these boxes.

7. If a box for Advance EIC (Earned Income Credit) payments (Box 9) is present, the box must be outlined in bold 2-point rule or highlighted in some manner to distinguish this box. However, if no amounts are paid for Advance EIC, this box is not required and may be omitted by printers. Do not use Box 9 for any other purpose than reporting Advance EIC payments.

8. If Allocated tips (Box 8) are being reported for the individual employee (or class of employees that are being provided Forms W-2), it is recommended (but not required) that this box also be outlined in bold 2-point rule or highlighted on Copy B. However, if allocated tips are not being reported, this box may be omitted by printers.

9. If Form W-2 contains additional data concerning payroll deductions (e.g., saving bonds withholding, retirement withholding, or payroll savings), there should be a special highlighting of the areas pertaining to Federal income tax withheld; wages, tips, and other compensation; or Advance EIC (Earned Income Credit) payments that are related to those items.

10. Employers who are required to report or withhold state income tax information are required to include the following boxes on substitute Forms W-2:

Box 16—State and Employer's state identification (I.D.) number,

Box 17—State wages, tips, etc., and

Box 18—State income tax withheld.

11. Employers who are required to report or withhold local income tax information are required to include the following boxes on substitute Forms W-2:

Box 19—Locality name

Box 20—Local wages, tips, etc., and

Box 21—Local income tax.

12. If state or local tax information is required, this information is also considered "core data." The state and local information **MUST** be placed at the bottom of the form. See the exhibits at the end of this revenue procedure.

13. Other boxes on the IRS printed form (Boxes 7 through 15) need not appear on substitute Forms W-2 provided to employees **unless** an employer has that item of information to report to an employee. For example, if an employee did not have Social Security tips (Box 7), Allocated tips (Box 8), or Advance EIC payments (Box 9), the

form could be printed without these boxes. However, if the employer had provided amounts for dependent care benefits, those amounts would be required to be reported separately and shown in a box labeled "Box 10, Dependent care benefits," as on the IRS printed form and the exhibits in this revenue procedure.

14. Employers may provide multiple entries in Box 13, but each entry should use the same codes as assigned by the IRS for that type of item. (See Reference Guide for Box 13 Codes in the 1997 Form W-2 instructions). For example, employers reporting deferred compensation must label the box as "13d" and not as "13a", even though it is the first or only item to go in this box. Use the codes shown with the dollar amount. On Copy A, Form W-2, do not enter more than three codes in this box. If more than three items need to be reported in box 13, use a separate Form W-2 to report the additional items (see Multiple Forms in the 1997 Form W-2 instructions). However, employers may enter more than three codes in box 13 of Copies 1, 2, B, C, and D of Form W-2. Do not report in box 13 any items that are not listed as **codes A-T** in the Form W-2 instructions. Do not report the same Federal tax data to the SSA on more than one Copy A, Form W-2.

15. If you are a military employer and provide your employee with basic quarters, subsistence allowances, and combat zone compensation, report the amount in Box 13, Form W-2, using code Q.

16. Beginning January 1, 1997, employer's contributions to an employee's Medical Savings Account's (MSAs), must be reported in Box 13, Form W-2, using code R.

17. Beginning January 1, 1997, an employee's elective contributions to a salary reduction SIMPLE retirement account must be included in Box 13, Form W-2, using code S. However, if the amount is contributed to a SIMPLE that is part of a section 401(k) arrangement, that amount must be reported in Box 13, Form W-2, using code D.

18. Beginning January 1, 1997, amounts paid or expenses incurred by an employer to or for an employee for qualified adoption expenses must be reported in Box 13, Form W-2, using code T.

Note: See the 1997 Form W-2 instructions for more information regarding codes R, S, and T.

19. Employers may use Box 14 for any other information you want to give your employee. Please label each item. Examples are union dues, health insurance, premiums deducted, nontaxable income, voluntary after-tax contributions, or educational assistance payments.

.05 Substitute forms for employees (Copies B, C, and 2 of Forms W-2) must meet the following requirements:

1. All copies of Forms W-2 must clearly show the form number, the form title, and the tax year. The title of Form W-2 is "Wage and Tax Statement." It is recommended (but not required) that this be located on the bottom left of Form W-2. The reference to the Department of the Treasury—Internal Revenue Service must be on all copies of Form W-2 provided to the employee. It is recommended (but not required) that this be located on the bottom right of Form W-2.

2. If the substitute forms are *not labeled* as to the disposition of the copies, then written notification must be provided to each employee as specified below:

(a) The first copy of the form (Copy B) is filed with the employee's Federal tax return.

(b) The second copy of the form (Copy C) is for the employee's records.

(c) If applicable, the third copy (Copy 2) of the form is filed with the employee's state, city, or local income tax return.

3. If the substitute forms are *labeled*, the forms must contain the applicable description:

"Copy B, to be filed with employee's Federal tax return," and "Copy C, for employee's records." It is recommended (but not required) that this be located on the lower left of Form W-2. The designation "Form W-2, is recommended (but not required) to be located on the lower left of Form W-2 and Department of the Treasury—Internal Revenue Service." It is recommended (but not required) that this be located on the lower right of Form W-2.

4. Instructions similar to those contained on the back of Copies B and C of the official Form W-2 must be provided to each employees. Employers may modify or delete certain information in these instructions (such as modification for employees of railroads to cover Railroad Retirement Tier I and II Compensation and Taxes. Employers are allowed to delete instructions that do not apply to the employee. For example, if

none of the employees have dependent care benefits (Box 10), the employer may delete the instructions for that item. Also, if an employer will only be reporting amounts for a 401(k) plan in Box 13, those instructions may be modified to cover only Section 401(k) contributions.

5. You must notify employees who have no income tax withheld that they may be able to claim a tax refund because of the earned income credit (EIC). You will meet this notification requirement if you issue the IRS Form W-2 with the EIC notice on the back of the employee's copy (Copy B), or a substitute Form W-2 with the same statement. You may also meet the requirement by providing a substitute Form W-2 without the EIC notice and Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC), or your own statement that contains the same wording. For more information about notification requirements, see **Notice 1015** (formerly Pub. 1325), *Employers-Have You Told Your Employees About the Earned Income Credit (EIC)*.

NOTE: Printers are cautioned that the rules set forth here (Part B. Sec. 2) apply to employee copies (Copies B, C, etc.) only. Paper filers who send Copy A of Form W-2 to SSA must follow the requirements in Part B. Sec. 3, below for those paper submissions.

SEC. 3. GENERAL RULES FOR FILING "PAPER SUBSTITUTES" FOR FORMS W-2 AND W-3

.01 Paper substitutes that conform totally to the specifications contained in this revenue procedure may be privately printed without the prior approval of the IRS. Penalties may be assessed for not complying with the form specifications set forth in this publication. **SUBSTITUTE FORMS THAT DO NOT CONFORM TOTALLY TO THESE SPECIFICATIONS ARE NOT ACCEPTABLE.** This applies to both paper substitutes that are filed with SSA and those that are given to employees. **Forms should not be submitted to IRS or SSA for specific approval.** However, if you are uncertain of any specification set forth herein and want that specification clarified, you may submit a letter citing the specification in question, your interpretation of that specification, and an example of how the form would appear if produced using your understanding of the specification. Any questions pertain-

ing to Copies B, C, and 2 of Forms W-2 should be sent to:

Internal Revenue Service
ATTN: Substitute Form W-2
Coordinator
T:C:O:L,Room 7510

1111 Constitution Avenue, N.W.
Washington, DC 20224

Any questions pertaining to Copy A, Form W-2, and Form W-3 should be forwarded to:

Social Security Administration
Data Operations Center
1150 E. Mountain Drive
Wilkes-Barre, PA 18702-7997

Attn: Program Analyst Office

NOTE: You should allow at least **30** days for the IRS and SSA to respond.

.02 Forms W-2 and W-3 are subject to annual review and possible change. Employers are cautioned against overstocking supplies of privately printed substitutes.

.03 Copies of the current year IRS printed Forms W-2 and W-3 and the instructions for these forms may be obtained through electronic options on the Internet at <http://www.irs.ustreas.gov>, or from most IRS offices or by calling 1-800-829-3676. The IRS provides only cut sheet sets.

.04 Substitute Forms W-2 and W-3 transmitted to SSA should generally contain only data that is required by the Form W-2, the Form W-2 instructions, and this revenue procedure.

.05 Substitute Forms W-2, Copy A, and W-3 are machine imaged and scanned by Social Security, therefore these forms must meet the same specifications as Forms W-2 and W-3 produced by IRS. The vertical and horizontal spacing for all Federal payment and data boxes on Form W-2 must be in compliance with the specifications contained herein.

.06 All ballot boxes on Forms W-2, Copy A (Box 15), and W-3 (Box "b") must be 8-point boxes.

NOTE: If a box is marked, more than 50% of the applicable ballot box must be covered by an "X".

.07 Copy A of Form W-2 and Form W-3 must have the form producer's EIN entered to the left of "Department of Treasury".

PART C. ADDITIONAL INSTRUCTIONS

SEC. 1. INSTRUCTIONS FOR FORMS PRINTERS

.01 Except as provided below, if magnetic media is not used for filing

with SSA, the substitute copies of Forms W-2 assembly should be arranged in the same order as the IRS printed Forms W-2. Copy A should be first, followed sequentially by perforated sets (Copies 1, B, C, 2, and D). The substitute form to be filed by the employer with SSA must carry the designation "Copy A."

NOTE: Magnetic media filers do not submit Copy A of Form W-2 or Form W-3. Form 6559 is the transmittal for magnetic media filed Form W-2 data.

1. It is not a requirement that privately printed substitute forms contain a copy to be retained by employers (Copy D). However, employers must be prepared to verify or duplicate this information if it is requested by the IRS or SSA. Paper filers that do not keep Copy D should be able to generate a facsimile of Copy A in case of loss.

2. Except as provided in the arrangement of the official assemblies, additional copies that may be prepared by employers shall not be placed ahead of the copy "For EMPLOYEE'S RECORDS," Form W-2 (Copy C).

3. Instructions similar to those contained on the back of **Copies B and C** of the official form **MUST** be provided to each employee. These instructions may be printed on the back of the substitute Copy B and C or may be provided to employees on a separate statement. Do not print these instructions on the back the the copy that is to be filed with the employee's state or local returns.

.02 All privately printed Forms W-3 and Forms W-2 (Copy A), must have the tax year, form number, and form title printed on the bottom face of each form using identical type to that of the official format. **The tax year must be printed in non-reflective black ink using 24 pt OCRA-font, on all copies of Forms W-2, and Forms W-3. The form title(s), e.g., Wage and Tax Statement must be printed in red OCR drop-out ink on Form W-2, Copy A, and Form W-3. The form identifying number of Forms W-2 and W-3, must be printed n black reflective ink, using OCRA-font, printed 10 characters per inch. The word "Form" on the W-2 and W-3 must be printed in red OCR drop-out ink.**

.03 The substitute Form W-2, Copy B, which employees attach to their Federal income tax return, must be at least 12-pound paper (basis 17 x 22-500) while the other copies furnished to em-

ployee's should be at least 9-pound paper (basis 17 x 22-500).

.04 Employee copies of Forms W-2 (Copies B, C, etc.), including those that are printed on a single sheet of paper, **MUST** be produced so as to be easily separated by the employee. Perforations between the individual copies that are printed on a single sheet of paper satisfy this requirement.

.05 The Form W-2, Copy A, and the OCR bond Form W-3 that are filed with SSA must have no printing on the reverse side.

.06 Instructions similar to those provided as part of the official form must be provided as part of any substitute Form W-3.

.07 The copy of the substitute Form W-3 that contains the instructions and is to be retained by the employer should be at least 18-pound paper (basis 17 x 22-500).

SEC. 2. INSTRUCTIONS FOR EMPLOYERS

.01 Only originals or ribbon copies of Copy A (Forms W-2) and Form W-3 may be filed with SSA. *Carbon copies and photocopies are not acceptable.*

.02 Employers should type or machine print entries on forms whenever possible and provide good quality data entries by using a high quality type face, inserting data in the middle of blocks that are well separated from other printing and guidelines, and taking any other measures that will guarantee clear, sharp images. The employer must provide a machine scannable form for Copy A. The employer must also provide payee copies (Copies B, C, and 2) that are legible and capable of being photocopied (by the employee).

.03 The Employer Identification Number (EIN) may be entered in the Employer's name and address box on Copy A of Forms W-2 (Box "c" on the IRS printed Form W-2). If this is done, the EIN need not be entered in the box provided for the EIN (Box "b" on the IRS printed Form W-2). The EIN must be entered in Box "e" of the Form W-3.

.04 The employer's name, address, and EIN may be preprinted.

.05 The optional employer's state number may be pre-printed in the employer's name, address, and ZIP code box. If this is done, the Employer's state I.D. Number section in Box 16 of Forms W-2 need not be completed, as long as the applicable state taxing au-

thority does not object. **Please check with the appropriate state taxing authority before doing this.**

.06 Generally, an agent that has an approved Form(s) 2678, Employer Appointment of Agent, should enter its name as the employer in box c of Form W-2, and file one Form W-2. However, if the agent is acting as an agent for two or more employers, or is an employer and is acting as an agent for another employer, and pays social security wages in excess of the wage base to an individual, special reporting for payments to that individual is needed. The agent should file separate Forms W-2 reflecting the wages paid by each employer. Box "c" of Form W-2 should include name of agent, agent for (name of employer), and address of agent. Each Form W-2 should reflect the EIN of the agent in Box "b". In addition the employer's EIN should be shown in Box "h" of Form W-3.

.07 The preparation and filing instructions for Forms W-2 are contained in the 1997 Instructions for Form W-2. The preparation and filing instructions for Form W-3 are contained as part of the 1997 Form W-3 snap set assembly.

.08 To avoid confusion and questions by employees, employers are encouraged to delete the following items from the employee copies of Forms W-2 that are provided to employees:

1 Form identifying number (e.g., 22222);

2 The words "subtotal" and "void" and their boxes;

3 Any other captions or box number that would not be of any informational use to employees (unless otherwise required).

.09 Employers should use the IRS supplied label when filing Form W-3 with SSA. The label should be placed inside the brackets printed in boxes "e" and "f".

SEC. 3. OFFICE OF MANAGEMENT AND BUDGET (OMB) REQUIREMENTS FOR SUBSTITUTE FORMS

.01 The Paperwork Reduction Act requires: (1) OMB approval of IRS tax forms, (2) that each form (all copies) show the OMB approval number and, when appropriate, the form's expiration date, and (3) that the form (or its instructions) state why IRS is collecting the information, how we will use it and whether it must be given to us. The official IRS form (or instructions) will contain this information.

.02 As it applies to substitute IRS forms, this means:

1. All substitute forms (all copies) *must* show the OMB number as it appears on the official IRS printed form (see Exhibits A and B).

2. The OMB number must be in one of the following formats:

OMB No. 1545-0008 (preferred),
or

OMB # 1545-0008

3. You must inform the users of your substitute forms of the reasons for IRS collection, use, and requirements, as stated in the instructions for the official IRS form.

Sec. 4. FORMS and PUBLICATIONS

.01 Electronic access to IRS tax forms, instructions, publications, and

other tax data is available through the following:

Modem: IRIS at FedWorld (703) 321-8020

Technical questions regarding FedWorld can be directed to the FedWorld help desk 24 hours a day at (703) 487-4608.

Internet: Telnet—iris.irs.ustreas.gov

FTP—ftp.irs.ustreas.gov

WWW—http://www.irs.ustreas.gov

Fax Forms: (703) 487-4160

.02 Over 100 of the most requested forms and instructions may be obtained via your fax machine. Just call (703)487-4160 from the telephone connected to your fax machine.

.03 A CD-ROM containing over 2,000 tax forms, instructions, and publications may be purchased from the Government Printing Office (GPO), Su-

perintendent of Documents (Supt. Docs.). Current tax year materials, and tax forms from 1991 and publications from 1994, are included on the disc. To order the CD-ROM, contact Supt. Docs. at (202) 512-1800 (select Option #1), or by computer through GPO's Internet Web Site (http://www.access.gpo.gov/su_docs).

.04 List of Social Security Administrations Magnetic Media Coordinators is included in the Appendix.

Sec. 5 EFFECT ON OTHER REVENUE PROCEDURES

.01 Rev. Procs. 96-24 and 96-24A, I.R.B. 1996-5, dated January 29, 1996, and I.R.B. 1996-15, dated April 8, 1996, (Reprinted as Publication 1141, Revised 4-96), is superseded.

**Exhibit
A
Form
W-2**

a Control number 2222		Void <input type="checkbox"/>	For Official Use Only ▶ OMB No. 1545-0008					
b Employer's identification number		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 Employee's social security number		9 Advance EIC payment	10 Dependent care benefits					
e Employee's name (first, middle initial, last)		11 Nonqualified plans	12 Benefits included in box 1					
		13 See Instrs. for box 13	14 Other					
		f Employee's address and ZIP code		15 Statutory employee <input type="checkbox"/>	Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>
16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax		

Form **W-2 Wage and Tax Statement** 1997
 Copy A For Social Security Administration

Cat. No. 10134D
 Department of the Treasury—Internal Revenue Service
 For Paperwork Reduction Act Notice, see separate instructions.

Do NOT Cut or Separate Forms on This Page

a Control number 2222		Void <input type="checkbox"/>	For Official Use Only ▶ OMB No. 1545-0008					
b Employer's identification number		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 Employee's social security number		9 Advance EIC payment	10 Dependent care benefits					
e Employee's name (first, middle initial, last)		11 Nonqualified plans	12 Benefits included in box 1					
		13 See Instrs. for box 13	14 Other					
		f Employee's address and ZIP code		15 Statutory employee <input type="checkbox"/>	Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>
16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax		

Form **W-2 Wage and Tax Statement** 1997
 Copy A For Social Security Administration

Cat. No. 10134D
 Department of the Treasury—Internal Revenue Service
 For Paperwork Reduction Act Notice, see separate instructions.

**Exhibit
B
Form
W-3**

DO NOT STAPLE

a Control number 1.3"		For Official Use Only ▶ OMB No. 1545-0008			
b Kind of Payer 1.7"	941	Military	943	1 Wages, tips, other compensation	2 Federal income tax withheld
	<input type="checkbox"/> CT-1	<input type="checkbox"/> Hshld.	<input type="checkbox"/> Medicare govt. emp.	3 Social security wages	4 Social security tax withheld
c Total number of statements 1.675"	d Establishment number 1.675"			5 Medicare wages and tips	6 Medicare tax withheld
e Employer's identification number 3.35"				7 Social security tips	8 Allocated tips
f Employer's name 6.5"				9 Advance EIC payments	10 Dependent care benefits
				11 Nonqualified plans	12 Deferred compensation
				13	
				14	
g Employer's address and ZIP code					
h Other EIN used this year				15 Income tax withheld by third-party payer	
i Employer's state I.D. No.					

4.167"

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 _____
 Telephone number () _____

Form **W-3** Transmittal of Wage and Tax Statements 1997 Department of the Treasury
Internal Revenue Service

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 25 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. DO NOT send the form to this address.

Changes To Note

Household Employers.—All household employers, even those with only one household employee, must file Form W-3 with their 1997 Forms W-2.

Boxes 13 and 14 Eliminated.—Entries are not needed for *Adjusted total social security wages and tips* (formerly box 13) and *Adjusted total Medicare wages and tips* (formerly box 14).

Need Help?

For information about the information Reporting Call Site, Bulletin Board Services, substitute forms, and how to get forms and publications, see page 1 of the 1997 **Instructions for Form W-2**.

Where To File

Send the entire first page of this form with Copy A of Forms W-2 to:

Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." Also see **Shipping and Mailing** on page 2 for additional information. If you use a carrier other than the U.S. Postal Service to deliver this information, add "1150 E. Mountain Dr." to the address and change the ZIP code to "18769."

Exhibit C form W-2 Box Layout

a Control number	22222	Void <input type="checkbox"/>	For Official Use Only ▶ OMB No. 1545-0008					
b Employer's identification number	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 Employee's social security number	9 Advance EIC payment		10 Dependent care benefits					
e Employee's name (first, middle initial, last)	11 Nonqualified plans		12 Benefits included in box 1					
	13 See Instrs. for box 13		14 Other					
f Employee's address and ZIP code	15 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>
	16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax	

Cat. No. 10134D

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement** 1997

For Paperwork Reduction Act Notice, see separate instructions.

Copy A For Social Security Administration

Do NOT Cut or Separate Forms on This Page

Exhibit D Form W-3

DO NOT STAPLE

a Control number		33333		For Official Use Only ▶ OMB No. 1545-0008			
b Kind of Payer ▶	941	Military	943	1 Wages, tips, other compensation	2 Federal income tax withheld		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Social security wages	4 Social security tax withheld		
	CT-1	Hshld.	Medicare gov't. emp.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c Total number of statements	d Establishment number			5 Medicare wages and tips	6 Medicare tax withheld		
e Employer's identification number				7 Social security tips	8 Allocated tips		
f Employer's name				9 Advance EIC payments	10 Dependent care benefits		
				11 Nonqualified plans	12 Deferred compensation		
				13			
				14			
g Employer's address and ZIP code				15 Income tax withheld by third-party payer			
h Other EIN used this year							
i Employer's state I.D. No.							

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 ▶ _____
Telephone number () _____

Form **W-3** Transmittal of Wage and Tax Statements **1997**

Department of the Treasury
Internal Revenue Service

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 25 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the form to this address.

Changes To Note

Household Employers.—All household employers, even those with only one household employee, must file Form W-3 with their 1997 Forms W-2.

Boxes 13 and 14 Eliminated.—Entries are not needed for *Adjusted total social security wages and tips* (formerly box 13) and *Adjusted total Medicare wages and tips* (formerly box 14).

Need Help?

For information about the Information Reporting Call Site, Bulletin Board Services, substitute forms, and how to get forms and publications, see page 1 of the 1997 **Instructions for Form W-2**.

Where To File

Send the entire first page of this form with Copy A of Forms W-2 to:

Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." Also see *Shipping and Mailing* on page 2 for additional information. If you use a carrier other than the U.S. Postal Service to deliver this information, add "1150 E. Mountain Dr." to the address and change the ZIP code to "18769."

Exhibit E Form W-2(Copy B)

a Control number		OMB No. 1545-0008				
b Employer's identification number		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 Employee's social security number		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code		11 Nonqualified plans		12 Benefits included in box 1		
		13 See Instrs. for box 13		14 Other		
		15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.
16 State Employer's state I.D. No.		17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax

Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax Statement **1997**
 Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

Exhibit F form W-2 Alternative Employee Copies

						1 Wages, tips, other compensation	2 Federal income tax withheld
						3 Social security wages	4 Social security tax withheld
						5 Medicare wages and tips	6 Medicare tax withheld
16 State	Employer's State ID No.	17 State wages, tips, etc.	18 State income tax	19 Name of locality	20 Local wages, tips, etc.	21 Local income tax	

▲
Horizontal Format

1 Wages, tips, other compensation		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
16 State	Employer's State ID No.	17 State wages, tips, etc.	
18 State income tax		19 Name of locality	
20 Local wages, tips, etc.		21 Local income tax	

▲
Vertical Format

NOTE: Exhibit F provides examples of employee copies of Form W-2 only. Copy A, which is sent to SSA, MUST conform to the dimensions in Exhibits A.

The core data boxes are 1 through 6 and, if applicable, 16 through 21. The core data must be similarly positioned, exactly numbered, and exactly titled as shown for each format. Other data may be placed in unoccupied areas based upon the employer's needs. Form identification may be placed before or after the core data. However, the employer's non-core elements may be positioned only between the sections of core data.

**APPENDIX: TELEPHONE NUMBERS FOR THE SOCIAL SECURITY ADMINISTRATIONS
REGIONAL MAGNETIC MEDIA COORDINATORS**

Social Security personnel at these telephone numbers can help callers with questions about how to submit **W-2's or W-2c's on magnetic media**. These are not toll-free telephone numbers.

Refer to Internal Revenue Service (IRS) Publication 393, Federal Employment Tax Forms, for instructions on filing paper W-2s/W-3s. Employers, payroll services, or an "agent" filing W-2s for employers may telephone the IRS Martinsburg Computing Center at (304) 263-8700 with employment tax questions.

<u>Calls from:</u>	<u>Telephone</u>	<u>Calls from:</u>	<u>Telephone</u>
Alabama	(404) 331-2587 (Atlanta)	Nevada	(415) 744-4559 (San Francisco)
Alaska	(206) 615-2125 (Seattle)	New Hampshire	(617) 565-2895 (Boston)
American Samoa	(415) 744-4559 (San Francisco)	New Jersey	(212) 264-5643 (New York)
Arizona	(415) 744-4559 (San Francisco)	New Mexico	(505) 262-6048 (Albuquerque)
Arkansas	(501) 324-5446 (Little Rock)	New York	(212) 264-5643 (New York)
California	(415) 744-4559 (San Francisco)	North Carolina	(404) 331-2587 (Atlanta)
Colorado	(303) 844-2364 (Denver)	North Dakota	(303) 844-2364 (Denver)
Connecticut	(617) 565-2895 (Boston)	Ohio	(312) 353-6717 x 2377 (Chicago)
Delaware	(215) 597-4632 (Philadelphia)	Oklahoma	(405) 951-3007 (Oklahoma City)
Dist. of Columbia	(215) 597-4632 (Philadelphia)	Oregon	(206) 615-2125 (Seattle)
Florida	(404) 331-2587 (Atlanta)	Pennsylvania	(215) 597-4632 (Philadelphia)
Georgia	(404) 331-2587 (Atlanta)	Puerto Rico	(787) 766-5574 (San Juan)
Guam	(415) 744-4559 (San Francisco)	Rhode Island	(617) 565-2895 (Boston)
Hawaii	(415) 744-4559 (San Francisco)	South Carolina	(404) 331-2587 (Atlanta)
Idaho	(206) 615-2125 (Seattle)	South Dakota	(303) 844-2364 (Denver)
Illinois	(312) 353-6717 x 2377 (Chicago)	Tennessee	(404) 331-2587 (Atlanta)
Indiana	(312) 353-6717 x 2377 (Chicago)	Texas-Central/South . .	(210) 229-6433 (San Antonio)
Iowa	(816) 426-2095 (Kansas City)	Texas-Dallas County . .	(214) 767-6777 (Dallas)
Kansas	(816) 426-2095 (Kansas City)	Texas-North	(817) 334-3123 (Fort Worth)
Kentucky	(404) 331-2587 (Atlanta)	Texas-Southeast	(713) 718-3015 (Houston)
Louisiana	(504) 389-0426 (Baton Rouge)	Texas-West	(505) 262-6048 (Albuquerque)
Maine	(617) 565-2895 (Boston)	Utah	(303) 844-2364 (Denver)
Maryland	(215) 597-4632 (Philadelphia)	Vermont	(617) 565-2895 (Boston)
Massachusetts	(617) 565-2895 (Boston)	Virgin Islands	(787) 766-5574 (San Juan)
Michigan	(312) 353-6717 x 2377 (Chicago)	Virginia	(215) 597-4632 (Philadelphia)
Minnesota	(312) 353-6717 x 2377 (Chicago)	Washington	(206) 615-2125 (Seattle)
Mississippi	(404) 331-2587 (Atlanta)	West Virginia	(215) 597-4632 (Philadelphia)
Missouri	(816) 426-2095 (Kansas City)	Wisconsin	(312) 353-6717 x 2377 (Chicago)
Montana	(303) 844-2364 (Denver)	Wyoming	(303) 844-2364 (Denver)
Nebraska	(816) 426-2095 (Kansas City)		

For questions regarding State filing, contact the State Revenue Agency.