

1 Control number 33333		For Official Use Only OMB No. 1545-0008	
b Kind of Payer <input checked="" type="checkbox"/> 941 <input type="checkbox"/> 942 <input type="checkbox"/> 943	<input type="checkbox"/> Military	1 Wages, tips, other compensation \$ 24900.00	2 Federal income tax withheld \$ 6402.00
	<input type="checkbox"/> Habit. emp. <input type="checkbox"/> Medicare opt. emp. <input type="checkbox"/> Third-party sick pay	3 Social security wages \$ 14100.00	4 Social security tax withheld \$ 874.20
c Total number of Forms W-2 2	d Establishment number	5 Medicare wages and tips \$ 14100.00	6 Medicare tax withheld \$ 204.45
e Employer identification number 77-7777777		7 Social security tips \$	8 Allocated tips \$
f Employer's name OURTOWN CHRISTIAN CHURCH 101 MAIN ST OURTOWN, TX 77777		9 Advance EIC payments \$	10 Dependent care benefits \$
		11 Nonqualified plans \$	12 Deferred compensation \$
g Employer's address and ZIP code		13 For third-party sick pay use only	
h Other EIN used this year		14 Income tax withheld by payer of third-party sick pay \$	
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 \$
Contact person		Telephone number ()	For Official Use Only
E-mail address		Fax number ()	

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 ▶ *Linda Treasurer* Title ▶ *Treasurer* Date ▶ *1/31/02*

Form **W-3 Transmittal of Wage and Tax Statements** **2001** 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. Photocopies are not acceptable.

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

An Item To Note

Separate instructions. See the separate 2001 Instructions for Forms W-2 and W-3 for information on completing this form.

Purpose of Form

Use this form to transmit Copy A of Form(s) W-2, Wage and Tax Statement. Make a copy of Form W-3, and keep it with Copy D (For Employer) of Form(s) W-2 for your records. Use Form W-3 for the correct year. **File Form W-3 even if only one Form W-2 is being filed.** If you are filing Form(s) W-2 on magnetic media or electronically, do not file Form W-3.

When To File

File Form W-3 with Copy A of Form(s) W-2 by February 28, 2002.

Where To File

Send this entire page with the entire Copy A page of Form(s) 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." 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 **Circular E, Employer's Tax Guide (Pub. 15)**, for a list of IRS approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the 2001 Instructions for Forms W-2 and W-3.