

<b>33333</b>		a Control number		For Official Use Only ▶ OMB No. 1545-0008											
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> CT-1		Military 943 <input type="checkbox"/> Hshld. Emp. 944 <input type="checkbox"/> Medicare govt. emp.		Kind of Employer (Check one)		None apply <input checked="" type="checkbox"/> State/local non-501c		501c non-govt. <input type="checkbox"/> State/local 501c		Federal govt. <input type="checkbox"/>		Third-party sick pay (Check if applicable) <input type="checkbox"/>	
c Total number of Forms W-2 3		d Establishment number		1 Wages, tips, other compensation 99276.00				2 Federal income tax withheld 13862.51							
e Employer identification number (EIN) 92-3651770				3 Social security wages 0				4 Social security tax withheld 0							
f Employer's name AIMNEXT CONSULTING LLC				5 Medicare wages and tips 0				6 Medicare tax withheld 0							
2416 Indian Clover Trl  Leander, TX 78641 g Employer's address and ZIP code				7 Social security tips 0				8 Allocated tips							
				9				10 Dependent care benefits 0							
				11 Nonqualified plans 0				12a Deferred compensation 0							
h Other EIN used this year				13 For third-party sick pay use only 0				12b							
15 State OH		Employer's state ID number 54-239741		14 Income tax withheld by payer of third-party sick pay											
16 State wages, tips, etc. 23760.00		17 State income tax 636.06		18 Local wages, tips, etc. 23760.00				19 Local income tax 237.60							
Employer's contact person AIMNEXT CONSULTING				Employer's telephone number (737) 667-7063				For Official Use Only 0000/1766							
Employer's fax number				Employer's email address aimnextconsulting@gmail.com											

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 **2023**

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.

### Reminder

**Separate instructions.** See the 2023 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

### Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for 4 years.

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.

- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2024** For more information, go to [www.SSA.gov/bso](http://www.SSA.gov/bso). First time filers, select "Register"; returning filers select "Log In."

### When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2024**

### Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration**  
**Direct 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 Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Black and White Form W-3 (Revised 08/23)