

<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 2		d Establishment number		1 Wages, tips, other compensation 37400.00				2 Federal income tax withheld 1266.70							
e Employer identification number (EIN) 81-3043329				3 Social security wages 37400.00				4 Social security tax withheld 2318.80							
f Employer's name ZUBORAJ LLC				5 Medicare wages and tips 37400.00				6 Medicare tax withheld 542.30							
g Employer's address and ZIP code 128 Zante Currant Road Durham, NC 27703				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 NC		Employer's state ID number 601374980		14 Income tax withheld by payer of third-party sick pay											
16 State wages, tips, etc. 37400.00		17 State income tax 1246.00		18 Local wages, tips, etc. 0				19 Local income tax 0							
Employer's contact person Munadil Yarid				Employer's telephone number (573) 999-9259				For Official Use Only 0000/1766							
Employer's fax number				Employer's email address repairzone.usa@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)