

|                                                                             |  |                                         |  |                                              |  |                                              |  |                                                          |  |                                 |  |                                                |  |                                         |  |                                               |  |
|-----------------------------------------------------------------------------|--|-----------------------------------------|--|----------------------------------------------|--|----------------------------------------------|--|----------------------------------------------------------|--|---------------------------------|--|------------------------------------------------|--|-----------------------------------------|--|-----------------------------------------------|--|
| <b>33333</b>                                                                |  | a Control number                        |  | For Official Use Only ►<br>OMB No. 1545-0008 |  |                                              |  |                                                          |  |                                 |  |                                                |  |                                         |  |                                               |  |
| b Kind of Payer<br>(Check one)                                              |  | 941 <input checked="" type="checkbox"/> |  | Military <input type="checkbox"/>            |  | 943 <input type="checkbox"/>                 |  | 944 <input type="checkbox"/>                             |  | Kind of Employer<br>(Check one) |  | None apply <input checked="" type="checkbox"/> |  | 501c non-govt. <input type="checkbox"/> |  | Third-party sick pay<br>(Check if applicable) |  |
|                                                                             |  | CT-1 <input type="checkbox"/>           |  | Hshld. Emp. <input type="checkbox"/>         |  | Medicare govt. emp. <input type="checkbox"/> |  | State/local non-501c <input type="checkbox"/>            |  |                                 |  | State/local 501c <input type="checkbox"/>      |  | Federal govt. <input type="checkbox"/>  |  |                                               |  |
| c Total number of Forms W-2<br>3                                            |  |                                         |  | d Establishment number                       |  |                                              |  | 1 Wages, tips, other compensation<br>15240.00            |  |                                 |  | 2 Federal income tax withheld                  |  |                                         |  |                                               |  |
| e Employer identification number (EIN)<br>45-5385596                        |  |                                         |  |                                              |  |                                              |  | 3 Social security wages<br>15240.00                      |  |                                 |  | 4 Social security tax withheld<br>944.88       |  |                                         |  |                                               |  |
| f Employer's name<br>REDEMPTION CHURCH OF PLANO,                            |  |                                         |  |                                              |  |                                              |  | 5 Medicare wages and tips<br>15240.00                    |  |                                 |  | 6 Medicare tax withheld<br>220.98              |  |                                         |  |                                               |  |
| 1113 LOMBARDY DR<br><br>PLANO TX 75023<br>g Employer's address and ZIP code |  |                                         |  |                                              |  |                                              |  | 7 Social security tips                                   |  |                                 |  | 8 Allocated tips                               |  |                                         |  |                                               |  |
|                                                                             |  |                                         |  |                                              |  |                                              |  | 9                                                        |  |                                 |  | 10 Dependent care benefits                     |  |                                         |  |                                               |  |
|                                                                             |  |                                         |  |                                              |  |                                              |  | 11 Nonqualified plans                                    |  |                                 |  | 12a Deferred compensation                      |  |                                         |  |                                               |  |
| h Other EIN used this year                                                  |  |                                         |  |                                              |  |                                              |  | 13 For third-party sick pay use only                     |  |                                 |  | 12b                                            |  |                                         |  |                                               |  |
| 15 State Employer's state ID number                                         |  |                                         |  |                                              |  |                                              |  | 14 Income tax withheld by payer of third-party sick pay  |  |                                 |  |                                                |  |                                         |  |                                               |  |
| 16 State wages, tips, etc.                                                  |  |                                         |  | 17 State income tax                          |  |                                              |  | 18 Local wages, tips, etc.                               |  |                                 |  | 19 Local income tax                            |  |                                         |  |                                               |  |
| Employer's contact person<br>CHRIS FLUITT                                   |  |                                         |  |                                              |  |                                              |  | Employer's telephone number<br>(469) 467-8111            |  |                                 |  | For Official Use Only<br>0000/1030D            |  |                                         |  |                                               |  |
| Employer's fax number                                                       |  |                                         |  |                                              |  |                                              |  | Employer's email address<br>pastor@redemption-church.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 ► PASTOR

Date ►

## Form **W-3** Transmittal of Wage and Tax Statements **2022**

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 2022 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, 2023**. 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, 2023**.

### 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.