

STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

1998 CONNECTICUT ANNUAL RECONCILIATION OF WITHHOLDING CT-W3 (DRS)



The attached Annual Reconciliation of Withholding may be used by new employers and employers who have not received the Employer's Withholding Coupon Book for 1998. Annual Reconciliation: Form CT-W3 (DRS), Connecticut Annual Reconciliation of Withholding, is due the last day of February. No payment is to be made with this form. Employers must file every "state copy" of federal Form W-2 with the annual reconciliation, even if no Connecticut income tax was withheld.

INSTRUCTIONS FOR COMPLETING THE ANNUAL RECONCILIATION OF WITHHOLDING - Form CT-W3

Enter the total amount of Connecticut income tax withheld from wages for the entire calendar year. This should equal the Total Line on the back of this form. Line 1:

Enter the gross Connecticut wages paid during the calendar year.

Indicate the number of W-2 forms submitted with this return.

Be sure to complete all requested information on the back of this form. Sign and date the return in the space provided.

Do not make payment with this form. All payments must be made using Forms CT-WH and CT-941.

Send with Form CT-W3 every "state copy" of federal Form W-2 reporting Connecticut wages paid during the calendar year (copy 1 of the optional six-part federal Form W-2 or equivalent). If you are required by the IRS to file copies of federal Form W-2 on magnetic media, you must file these forms on magnetic media with DRS. However, if you file 24 or fewer Forms W-2 with DRS, you may be excused from the magnetic media filing requirements without obtaining a waiver. For new information regarding magnetic media reporting requirements, contact DRS at: 1-800-382-9463 (in-state) or 860-297-5962 (anywhere). Telecommunications Device for the Deaf (TDD/TT) users only, call 860-297-

Household employers: If a household employer is not registered with DRS for Connecticut income tax withholding purposes, the employer should enter the words "HOUSEHOLD EMPLOYER" in the space reserved for the Connecticut tax registration number on this form.

Agricultural employers: If an agricultural employer is not registered with DRS for Connecticut income tax withholding purposes, the employer should write the words

Mail y

CT-W3 (DRS) CONNECTICU	JT ANNUAL RECONCIL	IATION OF WITH	HOLDING >	1998		
CONNECTICUT TAX REGISTRATION NUMBER	FEDERAL EMPLOYER ID N	NUMBER	DUE DATE			
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r name and address below. Please print or type.	Connecticut tax withheld (See Instructions)	from wages ► 1.				
	Total Connecticut wages					
	3. Number of W-2s submitt	red ►3.				
	NOTE: DO NOT MAKE PAY	MENT WITH THIS FO	RM.			
AXPAYER'S COPY	PO BOX 29	ENT OF REVENUE SE 30 O CT 06104-2930	RVICES			
Check if you are a household employer and you withhold Connecticut income tax from the wages of household employees.	I declare under the penalties of false statement that I have examined this retu and, to the best of my knowledge and belief, it is true, complete and correct.					
Check if you are a household employer and you do not withhold Connecticut income tax	Signature					
from the wages of household employees.	Title	_ Date				
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CT-W3 (DRS) CONNECTICU CONNECTICUT TAX REGISTRATION NUMBER r name and address below. Please print or type. Check if you are a household employer and	1. Connecticut tax withheld (See Instructions) 2. Total Connecticut wages 3. Number of W-2s submitt NOTE: DO NOT MAKE PAY DEPARTME P O BOX 29	IATION OF WITH HUMBER from wages ▶ 1. s reported ▶ 2. Hed NAMENT WITH THIS FORENT OF REVENUE SE	PORTION FOR YO HHOLDING DUE DATE	UR REC		
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PART A: Complete for Each Period

PER	RIOD	CONNECTICUT INCOME TAX WITHHELD FROM WAGES
JANUARY 1 - MARCH 31	1st QUARTER	
APRIL 1 - JUNE 30	2nd QUARTER	
JULY 1 - SEPTEMBER 30	3rd QUARTER	
OCTOBER 1 - DECEMBER 31	4th QUARTER	
TOTAL		

Include the "state copy" of all wage and tax statements (Copy 1 of the optional six-part federal Form W-2 or equivalent) reporting Connecticut wages paid during the calendar year with this return.

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■ This should equal Line 1 on the front of this form.

PART B: Indicate by checking the appropriate box below your deposit schedule for federal withholding tax purposes.						
Monthly		Semi-weekly		Other		
CT-W3 (DRS) Back (Rev. 8/9	0)					

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