Department of Revenue Services PO Box 2930 Hartford CT 06104-2930 (Rev. 12/07)

Form CT-6559 Submitter Report for Form W-2 CD Filing

Complete this form in blue or black ink only.

Forms CT-W3 mus	t accompan	y this form
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Forms C1-W3 must accompany this to	1111.					
1. Type of file represented by this transmittal Original Replacement	2. Calendar year	for which C	D is submitted	3. Submitter's Connecti	cut Tax Registration Nur	nber
4. Name and address of submitter (include s	treet, PO box, city,	state, and 2	ZIP code)	5. Submitter's Federal I	Employer ID Number (F	EIN)
6. Name and address of person to contact about this CD file			Contact telephone number (include area code)			
				()		
				8. Total number of CDs	in shipment	
9. Total number of employers	10. Total number of employees		11. Submitter's CD inventory numbers			
In general, the employer must sign the stated on the back are met.	declaration; how	ever, an au	uthorized age	nt of the employer may	sign if all conditions	
Declaration: I declare under the pena statements) and, to the best of my kno delivering a false return or document imprisonment for not more than five ye information of which the preparer has a	wledge and belied to the Departmentars, or both. The	ef, it is true ent of Rev	, complete, a enue Service	and correct. I understandes (DRS) is a fine of no	d the penalty for will of more than \$5,000	fully), or
Signature			Title		Date	
12. Employer summary of Form W-2 CD v	vage information		12. Employer summary of Form W-2 CD wa		CD wage information	
Name of employer Name of en		Name of emp	oyer			
Street address			Street addres	ss		
City State	ZIP		City	Sta	ate ZIP	
Connecticut Tax Registration Number			Connecticut T	Tax Registration Number		
FEIN			FEIN			
Number of W-2s submitted			Number of W	-2s submitted		
Form W-2 - Connecticut St	ımmary			Form W-2 - Connecticu	t Summary	
Total Connecticut wages reported			Total Connec	cticut wages reported		
Connecticut tax withheld from wages			Connecticut	tax withheld from wages		
42 Employer a vincence of Form W. 2 CD.	va a a information		42 Empley	vior oursessor and Forms W. 2.6	Dura na information	
12. Employer summary of Form W-2 CD wage information			12. Employer summary of Form W-2 CD wage information			
Name of employer			Name of employer			
Street address City State ZIP		Street address City State ZIP				
City State	ZIP		City		ale ZIP	
Connecticut Tax Registration Number				Tax Registration Number		
FEIN			FEIN	On out broitted		
Number of W-2s submitted			Number of W		Crumo ma a m r	
Form W-2 - Connecticut Su	mmary		Total Cons	Form W-2 - Connecticut	Summary	
Total Connecticut wages reported				ticut wages reported		
Connecticut tax withheld from wages			Connecticut	tax withheld from wages		

Form CT-6559 Instructions

Complete this form in blue or black ink only.

Use **Form CT-6559**, Submitter Report for Form W-2 CD Filing, to identify the submitter of a CD file. For W-2 CD reporting, a file is a report that begins with a code RA submitter record and ends with a code RF submitter record.

Block 3: Enter the Connecticut Tax Registration Number assigned by the Connecticut Department of Revenue Services (DRS) to the submitter, if applicable.

Block 5: Enter the nine-digit Federal Employer Identification Number (FEIN) assigned to the submitter by the IRS.

Block 9: Enter the total number of employers covered by this submittal. **Form CT-W3**, *Connecticut Annual Reconciliation of Withholding*, must be included for each employer.

Block 10: Enter the total number of employees (as entered on the code RF final record).

Block 11: Enter the inventory number for each CD-ROM in this file. The inventory number is any type of number assigned by the submitter to the CD-ROM for the submitter's own inventory control purposes. If this is a multi-volume file, list the numbers in order. If this block is not applicable, leave blank.

Block 12:Complete this block for each employer included in the CD file. If reporting data for more than four employers, use the additional Block 12 areas on **Form CT-6559A**, *Continuation Sheet for Form CT-6559 Submitter Report for Form W-2 CD Filing*.

Substitute Forms CT-6559 and CT-6559A: DRS encourages the use of computer-generated substitutes for Forms CT-6559 and CT-6559A. The format must include all information requested on those forms, including the declaration.

Mailing Address: Prepare Form CT-6559 for each separate CD file being submitted. Send the CD in the same package with Forms CT-6559, CT-6559A (if applicable), and CT-W3 to DRS.

Mail to: Department of Revenue Services

State of Connecticut PO Box 2930

Hartford CT 06104-2930

If a PO Box cannot be used, send to:

Department of Revenue Services Attn: Processing II, 15th Floor 25 Sigourney Street Hartford CT 06106-5032

Declaration Instructions

A submitter, service bureau, paying agent, or disbursing agent (agent) may sign Form CT-6559 on behalf of the payer (or other person required to file), if both conditions below are met:

- The agent has the authority to sign the form under an agency agreement (oral, written, or implied) that is valid under state law: and
- 2. The agent signs the form and adds the caption "For: (Name of the payer or other person required to file)."

If an authorized agent signs the declaration on the employer's behalf, this does not relieve the employer of the responsibility for filing a correct, complete, and timely Form CT-6559, with attachments; and does not relieve the employer of any penalties for not complying with those requirements.

Forms and Publications

Forms and publications are available anytime at:

- Internet: Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms; or
- **Telephone:** Call **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) and select **Option 2**; or call **860-297-4753** (from anywhere).

CD Specifications for W-2 Reporting

CD-ROM Requirements

- · Formatted as Data CD-ROM
- 512 byte fixed length records

Character Set - Check one

ASCII	
EBCDIC	