

(Rev. 12/02)

CONNECTICUT ANNUAL RECONCILIATION OF WITHHOLDING

Purpose: The attached Form CT-W3 (DRS), *Connecticut Annual Reconciliation of Withholding*, may be used by new employers or employers who have not received the *Employer's Withholding Remittance Coupon Book* for 2003.

Annual Reconciliation: Form CT-W3 is **due the last day of February**. No payment is to be made with this return. 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

Line 1: 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 return.

Line 2: Enter the gross Connecticut wages paid during the calendar year.

Line 3: Indicate the number of W-2 forms submitted with this return.

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

Do not send a payment with this return. 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 W-2 forms with DRS, you may be excused from the magnetic media filing requirements without obtaining a waiver. For new information regarding magnetic media reporting requirements, visit the DRS Web site at: www.drs.state.ct.us or call DRS at: 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries by calling 860-297-4911.

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 return.

Agricultural employers: If an agricultural employer is **not** registered with DRS for Connecticut income tax withholding purposes, the employer should write the words "AGRICULTURAL EMPLOYER" in the space reserved for the Connecticut Tax Registration Number on this return.

Mail your completed return to: Department of Revenue Services, PO Box 2930, Hartford CT 06104-2930.

| CT-W3 (DRS) CONNECTICUT ANNUAL RECONCILIATION OF WITHHOLDING ▶ 2003 | | |
|--|----------------------------|----------|
| CONNECTICUT TAX REGISTRATION NUMBER ▶ | FEDERAL EMPLOYER ID NUMBER | DUE DATE |

Enter name and address below. Please print or type.

| | | |
|--|--|--|
| 1. Connecticut tax withheld from wages (See instructions) ▶ 1. | | |
| 2. Total Connecticut wages reported ▶ 2. | | |
| 3. Number of W-2s submitted ▶ 3. | | |

TAXPAYER'S COPY

- Check if you are a household employer and you withhold Connecticut income tax from the wages of household employees.
- Check if you are a household employer and you **do not** withhold Connecticut income tax from the wages of household employees.

NOTE: DO NOT SEND A PAYMENT WITH THIS RETURN.

DEPARTMENT OF REVENUE SERVICES
PO BOX 2930
HARTFORD CT 06104-2930

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Signature _____

Title _____ Date _____

SEPARATE HERE AND MAIL COUPON TO DEPARTMENT OF REVENUE SERVICES. KEEP THE TOP PORTION FOR YOUR RECORDS.

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| 1. Connecticut tax withheld from wages (See instructions) ▶ 1. | | |
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Signature _____

Title _____ Date _____

- Check if you are a household employer and you withhold Connecticut income tax from the wages of household employees.
- Check if you are a household employer and you **do not** withhold Connecticut income tax from the wages of household employees.

PART A: Complete for Each Period

| PERIOD | | 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 return.**

PART B: Check the appropriate box below, to indicate your deposit schedule for **federal** withholding tax purposes.

Monthly Semiweekly Other _____ (please specify)

CT-W3 (DRS) Back (Rev. 12/02)

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|-------------------------|-------------|--|
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