STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
PO Box 2930
Hartford CT 06104-2930

CT- 6559A

Continuation Sheet for Form CT-6559 Transmitter Report for Form W-2 Magnetic Media Filing

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of	

		See Form CT-6559 for ins	etructions on h	ow to	complete this co	ntinuation shoot	of	_	
Calendar year for wh	ich media is submitte		Structions on n	OW 10		onnecticut Tax Regis			
Name and address of transmitter (include street, PO box, city, state and ZIP Code)					Transmitter's Federal Employer Identification Number				
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13. Employer Sun	nmary of Form W-2 N	Magnetic Media Wage Informa	ation	13.	Employer Sum	nmary of Form W-2 N	Magnetic Media Wag	e Information	
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