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

CT-6559



TRANSMITTER REPORT for Form W-2 Magnetic Media Filing

NOTE: This form r	nust be accompa	anied by Form CT-	W3(s)							
Type of file represent Original	ed by this transmittal Replacemen	Calendar year for which media is submitted nt				3. Transmitter's Connecticut Tax Registration Number				
4. Name and address of	transmitter (Include stre	eet, PO box, city, state and	I ZIP code	e)			5. Transmitter's Federa	I Employer Identif	ication Nu	mber
6. Name and address of person to contact about this magnetic media file							7. Contact telephone number (include area code)			
							()			
8. Type of media submit Magnetic		tridge 🗖 Diskette					Total number of med	lia in shipment		
10. Total number of emplo	pyers	11. Total number of er	nployees				12. Transmitter's magne	etic media invento	ory numbe	rs
		1	DECL	ARA	TIOI	1	nay sign if all conditions :			
Signature				Titl	le			Date		
13. Employer Summ	nary of Form W-2 Mag	netic Media Wage Inforr	nation		13.	Employer Su	mmary of Form W-2 Mag	netic Media Wa	age Inforn	natior
Name of Employer	,g			-		of Employer			9	
Street address						address				
City	State	Zip		-	City		State	Zip		
Connecticut Tax Registration Number					Connecticut Tax Registration Number					
Federal Employer ID Nu	ımber				Federal Employer ID Number					
Total Co	nnecticut Amount of I	Form W-2 Fields			Total Connecticut Amount of Form W-2 Fields					
Number of W-2s Subm	itted				Numb	er of W-2s Su	bmitted			
Total Connecticut Wag	otal Connecticut Wages Reported			Total Connecticut Wages Reported		/ages Reported				
Connecticut Tax Withheld From Wages					Connecticut Tax Withheld From Wages					
13. Employer Summ	nary of Form W-2 Mag	netic Media Wage Inforr	nation			Employer Su	mmary of Form W-2 Mag	netic Media Wa	age Inforn	nation
Street address					Street	address				
City	State	Zip			City		State	Zip		
Connecticut Tax Regist	ration Number				Conne	ecticut Tax Re	gistration Number			
Federal Employer ID Nu	ımber				Feder	al Employer ID	Number			
Total Co	nnecticut Amount of I	Form W-2 Fields				Total	Connecticut Amount of	Form W-2 Field	ls	
Number of W-2s Submitted					Numb	er of W-2s Su	bmitted			
Total Connecticut Wages Reported					Total Connecticut Wages Reported					
Connecticut Tax Withho	eld From Wages				Conne	ecticut Tax Wit	thheld From Wages			

INSTRUCTIONS FOR FORM CT-6559

Form CT-6559, Transmitter Report, is used to identify the transmitter of a magnetic media file. For W-2 magnetic media reporting, a FILE is a report that begins with a Code-A Transmitter Record and ends with a Code-F Transmitter Record.

- **Block 3:** Enter the 10-digit tax registration number assigned by the Connecticut Department of Revenue Services to the transmitter (if applicable).
- Block 5: Enter the 9-digit Federal Employer Identification Number (FEIN) assigned by the IRS to the transmitter.
- Block 10: Indicate total number of employers covered by this transmittal. A Form CT-W3 must be included for each employer.
- Block 11: Indicate total number of employees (as entered on the Code-F final record).
- **Block 12:** Enter the inventory number for each tape/cartridge/diskette in this file. The inventory number is any type of number assigned by the transmitter to the tape/cartridge/diskette for the transmitter'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 13:** Complete an "Employer Summary of Form W-2 Magnetic Media Wage Information" (Block 13) for each employer included in the magnetic media file. If data for more than four employers is being reported, use the additional Block 13 areas on **Form CT-6559A**.

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 a Form CT-6559 for each separate magnetic media file being transmitted. Send the magnetic media in the same package with Forms CT-6559, CT-6559A, (if applicable) and Form CT-W3 to the address below.

If a PO Box cannot be used, send to:

STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES PO BOX 2930 HARTFORD CT 06104-2930 Attn: PROCESSING II, 15TH FLOOR STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES 25 SIGOURNEY STREET HARTFORD CT 06106-5032

DECLARATION INSTRUCTIONS

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

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

The authorized agent's signing of the declaration on the employer's behalf does not relieve the employer of the responsibility for filing a correct, complete and timely **Form CT-6559**, with attachments, and will not relieve the employer of any penalties for not complying with those requirements.

MAGNETIC MEDIA SPECIFICATIONS FOR W-2 REPORTING

Tape Requirements

- 1/2 inch tape
- 1600 bpi or 6250 bpi (bytes per inch)
- 275 byte fixed length records

Cartridge Requirements

- 3480 cartridge
- 38000 cpi (characters per inch) (automatic default)
- · 275 byte fixed length records

Tape/Cartridge Recommendation

- Tape 6250 bpi, cartridge 38000 cpi (automatic default)
- 85 records per block (23,375)
- EBCDIC character set

Options

haracter Set	Check one
EBCDIC	
ASCII	

Diskette Requirements

- PC compatible
- 128 byte or 275 byte fixed length records
- 3 1/2 inch (720K, 1.44M densities)

Options

Character Set	Check one
EBCDIC	_
Fixed Length Records	_
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