

Form CT-6559

Transmitter Report for Form W-2 Magnetic Media Filing



Form CT-W3(s) must accompany this form.

1. Type of file represented by this transmittal <input type="checkbox"/> Original <input type="checkbox"/> Replacement	2. Calendar year for which media is submitted	3. Transmitter's Connecticut Tax Registration Number
4. Name and address of transmitter (Include street, PO box, city, state, and ZIP code)		5. Transmitter's Federal Employer Identification Number
6. Name and address of person to contact about this magnetic media file		7. Contact telephone number (include area code) ()
8. Type of media submitted <input type="checkbox"/> Magnetic Tape <input type="checkbox"/> Cartridge <input type="checkbox"/> Diskette		9. Total number of media in shipment
10. Total number of employers	11. Total number of employees	12. Transmitter's magnetic media inventory numbers

In general, the employer must sign the declaration; however, an authorized agent of the employer may sign if all conditions stated on the back are met.
DECLARATION: I declare under the penalty of false statement that I have examined this report and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

Signature	Title	Date
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13.	Employer Summary of Form W-2 Magnetic Media Wage Information		
Name of Employer			
Street Address			
City		State	Zip
Connecticut Tax Registration Number			
Federal Employer ID Number			
Total Connecticut Amount of Form W-2 Fields			
Number of W-2s Submitted			
Total Connecticut Wages Reported			
Connecticut Tax Withheld From Wages			

13.	Employer Summary of Form W-2 Magnetic Media Wage Information		
Name of Employer			
Street Address			
City		State	Zip
Connecticut Tax Registration Number			
Federal Employer ID Number			
Total Connecticut Amount of Form W-2 Fields			
Number of W-2s Submitted			
Total Connecticut Wages Reported			
Connecticut Tax Withheld From Wages			

13.	Employer Summary of Form W-2 Magnetic Media Wage Information		
Name of Employer			
Street Address			
City		State	Zip
Connecticut Tax Registration Number			
Federal Employer ID Number			
Total Connecticut Amount of Form W-2 Fields			
Number of W-2s Submitted			
Total Connecticut Wages Reported			
Connecticut Tax Withheld From Wages			

13.	Employer Summary of Form W-2 Magnetic Media Wage Information		
Name of Employer			
Street Address			
City		State	Zip
Connecticut Tax Registration Number			
Federal Employer ID Number			
Total Connecticut Amount of Form W-2 Fields			
Number of W-2s Submitted			
Total Connecticut Wages Reported			
Connecticut Tax Withheld From Wages			

INSTRUCTIONS FOR FORM CT-6559

Use **Form CT-6559, Transmitter Report for Form W-2 Magnetic Media Filing**, 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 (DRS) to the transmitter, if applicable.

Block 5: Enter the 9-digit Federal Employer Identification Number (FEIN) assigned to the transmitter by the IRS.

Block 10: Enter the total number of employers covered by this transmittal. **Form CT-W3** must be included for each employer.

Block 11: Enter the 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 reporting data for more than four employers, 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 **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 at right.

State of Connecticut
Department of Revenue Services
PO Box 2930
Hartford CT 06104-2930

If a PO Box cannot be used, send to:

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

DECLARATION INSTRUCTIONS

A transmitter, 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:

- 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)."

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 all day, seven days a week:

- **Internet:** Preview and download forms and publications from the DRS Web site: **www.drs.state.ct.us**
- **DRS TAX-FAX:** Call **860-297-5698** from the handset attached to your fax machine and select from the menu
- **Telephone:** Call **1-800-382-9463** (toll-free within Connecticut) and select **Option 2**; or the Forms Unit at **860-297-4753** (from anywhere)

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

Character 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
ASCII

Fixed Length Records **Check one**
128 bytes
275 bytes