

(Rev. 12/99)

CONNECTICUT ANNUAL RECONCILIATION OF WITHHOLDING

The attached Annual Reconciliation of Withholding may be used by new employers and employers who have not received the *Employer's Withholding Remittance Coupon Book* for 2000.

Annual Reconciliation: Form CT-W3 (DRS), Connecticut Annual Reconciliation of Withholding, is due the last day of February. No payment is to be made with this form. 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 form.

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

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

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

Do not make payment with this form. 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 Forms W-2 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.state.ct.us/drs or call DRS at 1-800-382-9463 (toll free from within Connecticut) 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 form.

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 form.

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

CT-W3 (DRS) CONNECTICUT ANNUAL RECONCILIATION OF WITHHOLDING ▶ 2000		
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.			

NOTE: DO NOT MAKE PAYMENT WITH THIS FORM.

TAXPAYER'S COPY

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

- 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.

I declare under the penalty of false statement that I have examined this return 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 _____

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

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NOTE: DO NOT MAKE PAYMENT WITH THIS FORM.

DEPARTMENT OF REVENUE SERVICES
P O BOX 2930
HARTFORD CT 06104-2930

- 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.

I declare under the penalty of false statement that I have examined this return 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 _____

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 form.

PART B: Indicate by checking the appropriate box below, your deposit schedule for federal withholding tax purposes.

Monthly Semi-weekly Other _____

CT-W3 (DRS) Back (Rev. 12/99)

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		

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