Department of Revenue Services State of Connecticut PO Box 5081 Hartford CT 06102-5081

(Rev. 10/01)

Form CT- 4802 **Transmittal of Informational Returns Reported Magnetically (Continuation)**

Form CT-4802 is a continuation of Form CT-4804 and should be used only if you are reporting for more than four payers. See instructions on Form CT-4804.

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of

Calendar year for which media are submitted

Name and address of transmitter (include street, PO box, city, state, and ZIP Code)

Transmitter's Connecticut Tax Registration Number

Transmitter's Federal Employer Identification Number

10.	Payer Summary of Magnetic Me	dia Wage	Informational	Return		
Nam	Name of Payer					
Street Address						
City	City State Zip					
Connecticut Tax Registration Number						
Federal Employer ID Number						
Type of Return						
Number of 1098s, 1099s, or W-2Gs Submitted						
Tota	I Nonpayroll Amounts Reported					
Con	necticut Tax Withheld					

10.	Payer Summary of Magnetic Me	dia Wage	Informational F	Return		
Nam	Name of Payer					
Stree	et Address					
City	State		Zip			
Con	Connecticut Tax Registration Number					
Federal Employer ID Number						
Type of Return						
Number of 1098s, 1099s, or W-2Gs Submitted						
Tota	I Nonpayroll Amounts Reported					
Con	necticut Tax Withheld					

10.	Payer Summary of Magnetic Media Wage Informational Return					
Nam	Name of Payer					
Stree	et Address					
City	State Zip					
Connecticut Tax Registration Number						
Federal Employer ID Number						
Type of Return						
Number of 1098s, 1099s, or W-2Gs Submitted						
Total Nonpayroll Amounts Reported						
Con	necticut Tax Withheld					

10.	Payer Summary of Magnetic Me	dia Wage	Informational	Return		
Nam	Name of Payer					
Stre	et Address					
City	City State Zip					
Con	Connecticut Tax Registration Number					
Federal Employer ID Number						
Type of Return						
Number of 1098s, 1099s, or W-2Gs Submitted						
Tota	Total Nonpayroll Amounts Reported					
Con	Connecticut Tax Withheld					

10.	Payer Summary of Magnetic Me	dia Wage	Informational	Return		
Nam	Name of Payer					
Stree	Street Address					
City	City State Zip					
Connecticut Tax Registration Number						
Federal Employer ID Number						
Type of Return						
Number of 1098s, 1099s, or W-2Gs Submitted						
Tota	Nonpayroll Amounts Reported					
Con	Connecticut Tax Withheld					

10.	Payer Summary of Magnetic Me	dia Wage	Informational	Return	
Nam	e of Payer				
Street Address					
City	State		Zip		
Connecticut Tax Registration Number					
Federal Employer ID Number					
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Coni	necticut Tax Registration Number					
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Number of 1098s, 1099s, or W-2Gs Submitted						
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Nam	e of Payer				
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City	State		Zip		
Connecticut Tax Registration Number					
Federal Employer ID Number					
Type of Return					
Number of 1098s, 1099s, or W-2Gs Submitted					
Tota	Nonpayroll Amounts Reported				
Con	necticut Tax Withheld				