

Form CT-6559

Submitter Report for Form W-2 Magnetic Media Filing



Forms CT-W3 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. Submitter's Connecticut Tax Registration Number
4. Name and address of submitter (Include street, PO box, city, state, and ZIP code)		5. Submitter'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"/> Cartridge <input type="checkbox"/> Diskette	9. Total number of media in shipment	
10. Total number of employers	11. Total number of employees	12. Submitter'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 law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature	Title	Date
-----------	-------	------

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			
Number of W-2s Submitted			
Form W-2 - Connecticut Summary			
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			
Number of W-2s Submitted			
Form W-2 - Connecticut Summary			
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			
Number of W-2s Submitted			
Form W-2 - Connecticut Summary			
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			
Number of W-2s Submitted			
Form W-2 - Connecticut Summary			
Total Connecticut Wages Reported			
Connecticut Tax Withheld From Wages			

Instructions

Use **Form CT-6559, Submitter Report for Form W-2 Magnetic Media Filing**, to identify the submitter of a magnetic media file. For W-2 magnetic media reporting, a file is a report that begins with a code RA submitter record and ends with a code RF submitter record.

Block 3: Enter the 10-digit tax registration number assigned by the Connecticut Department of Revenue Services (DRS) to the submitter, if applicable.

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

Block 10: Enter the total number of employers covered by this submittal. **Form CT-W3, Connecticut Annual Reconciliation of Withholding**, must be included for each employer.

Block 11: Enter the total number of employees (as entered on the code RF final record).

Block 12: Enter the inventory number for each cartridge or diskette in this file. The inventory number is any type of number assigned by the submitter to the cartridge or diskette for the submitter'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 **Block 13, Employer Summary of Form W-2 Magnetic Media Wage Information**, 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 submitted. Send the magnetic media in the same package with Forms CT-6559, CT-6559A (if applicable), and CT-W3 to the address at right.

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

If a PO Box cannot be used, send to:

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

Declaration Instructions

A submitter, 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; and
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 anytime at:

- **Internet:** Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS
- **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** (in-state) and select **Option 2**; or the Forms Unit at **860-297-4753** (from anywhere).

Magnetic Media Specifications for W-2 Reporting

Cartridge Requirements

- 3480 cartridge
- 38,000 cpi (characters per inch) (automatic default)
- 512 byte fixed length records

Cartridge Recommendation

- 45 records per block (23,040)
- EBCDIC character set

Cartridge Options

Character Set **Check one**
EBCDIC
ASCII

Diskette Requirements

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

Diskette Options

Character Set **Check one**
ASCII
EBCDIC