

# Form CT-6559

## Submitter Report

### for Form W-2 Compact Disc (CD) Filing

Complete this form in blue or black ink only.

1. File type Original <input type="checkbox"/> Replacement <input type="checkbox"/>	2. Calendar year reported on CDs	3. Submitter's Connecticut Tax Registration Number	
4. Submitter's Federal Employer ID Number (FEIN)	5. Number of CDs shipped	6. Number of employers	7. Number of employees

8. Submitter name

Street address

City State ZIP code

9. Person to contact if there is a problem processing the CD

Name	Title	Telephone number (    )
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10. Employer summary of W-2 forms reported on CD. Complete for each employer submitted.

Employer name		
Street address		
City	State	ZIP code
Connecticut Tax Registration Number		
FEIN	No. of W-2s submitted	
Total Connecticut wages reported	\$	
Connecticut tax withheld from wages	\$	

Employer name		
Street address		
City	State	ZIP code
Connecticut Tax Registration Number		
FEIN	No. of W-2s submitted	
Total Connecticut wages reported	\$	
Connecticut tax withheld from wages	\$	

Employer name		
Street address		
City	State	ZIP code
Connecticut Tax Registration Number		
FEIN	No. of W-2s submitted	
Total Connecticut wages reported	\$	
Connecticut tax withheld from wages	\$	

Employer name		
Street address		
City	State	ZIP code
Connecticut Tax Registration Number		
FEIN	No. of W-2s submitted	
Total Connecticut wages reported	\$	
Connecticut tax withheld from wages	\$	

See Declaration Requirements on back.

**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 the penalty for willfully delivering a false return or document to the Department of Revenue Services (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
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# Form CT-6559 Instructions

## General Instructions

Complete this form in blue or black ink only.

Use **Form CT-6559, Submitter Report for Form W-2 Compact Disc (CD) Filing**, to submit Forms W-2 on CD to the Department of Revenue Services (DRS).

Attach **Form CT-W3, Connecticut Annual Reconciliation of Withholding**, for each employer submitted with this form.

## Line Instructions

**Line 1:** Check if CD is an original or replacement file.

**Line 2:** Enter calendar year reported on CD. Report one calendar year per file.

**Line 3:** Enter submitter's Connecticut Tax Registration Number if applicable.

**Line 4:** Enter submitter's Federal Employer Identification Number (FEIN).

**Line 5:** Enter number of CDs submitted with this form.

**Line 6:** Enter number of employers covered by this submittal.

**Line 7:** Enter total employee records submitted with this form.

**Line 8:** Enter submitter's name and address.

**Line 9:** Enter name, title, and telephone number of person to contact about problem CDs.

**Line 10:** Use this section to report employer information.

Complete a box for each employer included in the CD file. If reporting data for more than four employers, use **Form CT-6559A, Submitter Report for Form W-2 Compact Disc (CD) Filing Continuation Sheet**.

## Declaration Requirements

A submitter, service bureau, paying agent, or disbursing agent (*agent*) may sign Form CT-6559 on behalf of the employer (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) valid under Connecticut state law; **and**
2. The agent signs the form and adds the caption "For: (*name of the employer or other person required to file*)."

The authorized agent's signing of the declaration on the employer's behalf does not relieve the payer of the responsibility for filing a correct, complete, and timely Form CT-6559; or the applicable penalties.

## CD Specifications

- Data must be saved using the ASCII character set;
- Each record must be 512 characters in length; **and**
- File names must end with file extension .txt or .dat.

Report state wages (box 16) in Code RS record location 276-286. Report state income tax (box 17) in Code RS record location 287-297.

All files must begin with a code RA submitter record and end with a code RF submitter record. See **Informational Publication 2009(18), Form W-2 Electronic Filing Requirements for Tax Year 2009**, for record specifications.

## CD Labels

Each CD must be labeled with an external label. See *Example* below.

The external label must identify:

1. Return type - Form W-2
2. File type - original or replacement;
3. Calendar year;
4. Submitter FEIN;
5. Submitter name (RA record);
6. Number of employers (RE records) on the file;
7. Number of employees (RS records) on the file;
8. Return type - Form W-2;
9. Volume - Number multiple CD's sequential as Vol 1 of X; **and**
10. Contact name and telephone number.

Send CDs with transmittal form(s) and **Forms CT-W3** to:

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  
Attn: Processing II, 15th Floor  
25 Sigourney St Ste 2  
Hartford CT 06106-5032

Do not enclose paper W-2 forms or other notes.

## Forms and Publications

Visit the DRS website at [www.ct.gov/DRS](http://www.ct.gov/DRS) to download and print Connecticut tax forms and publications.

**TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911.

## Example:

### Form W-2 CD Label

1. Return type: Form W-2	2. File type: <input type="checkbox"/> Original <input type="checkbox"/> Replacement	3. Calendar year:
4. Submitter name:		5. FEIN:
6. Number of employers:	7. Number of employees:	8. Vol.      of
9. Contact name:		Telephone number: (    )