Ohio Form IT 3 Transmittal of Wage and Tax Statements



Instructions for IT 3

- 1. Filing Deadline: Ohio form IT 3 must be filed by all employers by the last day of February of the succeeding calendar year or within 60 days after discontinuation of business.
- 2. Filing Requirements: Employers with 250 or more W-2 forms and issuers of 250 or more 1099-R forms must send this information to us on magnetic media using an approved format. Employers that issue less than 250 W-2 forms and issuers of 250 or less 1099-R forms are no longer required to send paper copies, but you are encouraged to send this information to us on magnetic media. Note: Please complete box #1 to indicate the total number of tax statements issued, even if you do not submit the data electronically.
- 3. Data Layout: Employers must use the EFW2 format per the magnetic media specifications that are posted on the department's Web site at tax.ohio.gov. Issuers of 1099-R forms must use the specifications contained in IRS Publication 1220 (Specifications for Filing Forms 1098, 1099, 5498 and W-2G Electronically), which is available at www.irs.gov/pub/irs-pdf/p1220.pdf.
- 4. Media Types Accepted: The state of Ohio Department of Taxation currently accepts CD-ROM. We no longer accept 3 1/2" diskettes nor 3490 or 3590 tape cartridges. A fully completed Ohio form IT 3 must accompany all magnetic media.
- 5. Additional Information: Please note that you are required to maintain tax records, including W-2 and or 1099-R information, for a period of at least four years from the due date of this form. If the information is not submitted to us on magnetic media, the Ohio Department of Taxation may request W-2s or 1099-Rs periodically when conducting compliance programs.
- 6. Mailing of IT 3 with CD-ROM:

Using the U.S. Post Office: Ohio Department of Taxation P.O. Box 182667 Columbus, OH 43218-2667 Using a carrier other than the U.S. Post Office: Ohio Department of Taxation 4485 Northland Ridge Blvd. Columbus, OH 43229-6596

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- - -	Ohio Withholding Acct. No.	Tax Year	Federal Employer ID No.	IT 3 Rev. 11/1	
				Rev. 11/1	
Name		1. Number of tax statements			
Address			(Combined W-2 or 1099-R)		
City, state, ZIP code			2. Total Ohio employee \$		
	official indicato	or before:	compensation		
I declare u	media is enclosed. I declare under penalties of perjury that this return, including any accompanying schedules ar statements, has been examined by me and to the best of my knowledge and belief is a true, corre				
and complete return and report.		4. Total Ohio school district tax liability			
		Social Security number	DO NOT MAIL A REMITTANCE WITH THIS FORM. Mail form to OHIO DEP.	ARTMENT OF TAXATION, P.O. BOX	
litle	Title Date		182667, COLUMBUS, OH 43218-2667.		