

a Control number		33333		*** For OFFICE use only. DO NOT FILE in place of Form W-3 ***	
b Kind of Payer	041	Military	042	1 Wages, tips, other compensation	2 Federal income tax withheld
	CT-1	Hshold	Medicare	3rd Party	
c Total number of Forms W2		d Establishment number		3 Social security wages	4 Social security tax withheld
114				5 Medicare wages and tips	6 Medicare tax withheld
e Employer identification number				7 Social security tips	8 Allocated tips
61-2212212				9 Advance EIC payment	10 Dependent care benefits
f Employer's name				11 Nonqualified plans	12 Deferred compensation
ANY LOCAL GOVERNMENT				13 For third-party sick pay use only	8404.00
g Employer's address and ZIP code				14 Income tax withheld by payer of third-party sick pay	
101 Main Street Lexington					
h Other EIN used this year					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
KY 039813		737130.17		35706.14	
		18 Local wages, tips, etc		19 Local income tax	
		449159.49		4487.22	
Contact person		Telephone number		For Official Use Only	
WILLIAM DAVIS		859 925-2336			
E-mail address		Telephone number			
office@localgov.com					

Form **W-3** Transmittal of Wage and Tax Statements

2003
(Rev. February 2002)