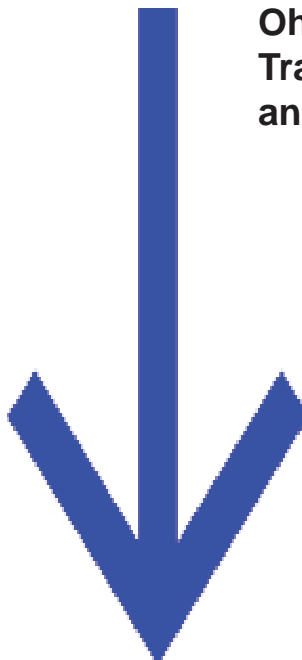


Ohio Form IT 3 Transmittal of Wage and Tax Statements



Instructions for IT 3

1. **When to File** – Ohio forms IT 3 and IT 2, combined W-2 or 1099-R must be filed no later than March 1, 2010 or no later than 60 days after discontinuation of business.

2. **Employers are no longer required to send us paper copies of IT 2, or federal forms W-2 or 1099R;** however, you are required to maintain these records for a period of four years from the due date. If the information is not submitted electronically, the Ohio Department of Taxation may request W-2s periodically when conducting compliance programs.

If you elect to send your state W-2 and 1099R information to us on magnetic media, you must comply using an approved electronic format. Employers with 250 or more W-2 Copy A forms and issuers of 250 or more 1099R forms must file them electronically. Employers must use the EFW2 format. Electronic format information is available on the department's Web site at tax.ohio.gov. Issuers of 1099-R forms must file your information with us electronically in an approved electronic format. See IRS Publication 1220 (Specifications for Filing Forms 1098, 1099, 5498 and W-2G Electronically) for these requirements at www.irs.gov/pub/irs-pdf/p1220.pdf.

The Ohio Department of Taxation currently accepts CD-ROM, 3490 or 3590 tape cartridges. We no longer accept 3 1/2" diskettes. **A fully completed Ohio form IT 3 must accompany all electronic media.**

3. Mailing of Ohio form IT 3 with CD-ROM, 3490 or 3590 tape cartridges:

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

please cut here

Transmittal of Wage and Tax Statements

OHIO
IT 3
Rev. 10/09

Ohio Withholding Acct. No.

Tax Year

Federal Employer ID No.

Do NOT fold form.

Name
Address
City, state, ZIP code

<input type="checkbox"/> Check here if magnetic tape is enclosed.	Due on or before:
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I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return and report.

Signature of responsible party _____ Social Security number _____

Title _____ Date _____

1. Number of tax statements (IT 2, Combined W-2 or 1099-R)		<input type="text"/>
2. Total Ohio employee compensation	\$	<input type="text"/>
3. Total Ohio income tax liability	\$	<input type="text"/>
4. Total Ohio school district tax liability	\$	<input type="text"/>

DO NOT MAIL A REMITTANCE WITH THIS FORM. Mail form to OHIO DEPARTMENT OF TAXATION, P.O. BOX 182667, COLUMBUS, OH 43218-2667.