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

Form CT-6559 Submitter Report for Form W-2 Compact Disc (CD) Filing

(Re	ev. 01/12)										
Сс	emplete this form in	blue or black ink	only.								
1.	File type Original Replacement			2. Calendar year reported on CDs		3. Submitter's Connecticut Tax Registration			mber		
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 cod	е	
9.	Person to contact if there is a problem processing the CD Name					Title Telephone nu			phone number		
10.	Employer summa	ary of W-2 forms	reported on 0	CD. Complete for	each	employer submit	ted.		,		
Employer name]	Employer name						
Street address					1	Street address					
City State ZIF				ocode code	1	City State ZIP code					
Сс	onnecticut Tax Regi	stration Number				Connecticut Tax	x Registration Number				
FEIN			No. of W-2s submitted			FEIN		No. of W-2s submitted			
Total Connecticut wages reported			\$			Total Connectic	ut wages reported	\$			
Connecticut tax withheld from wages \$			\$			Connecticut tax withheld from wages					
Fn	nnlover name				7	Employer name	,				
Employer name					Street address						
Street address City State ZIP of				o code	-	City State			ZIP code		
Connecticut Tax Registration Number					-	Connecticut Tax Registration Number					
FEIN No. of W-2s s			submitted	-	FEIN			No. of W-2s submitted			
Total Connecticut wages reported \$				Total Connecticut wages reported			\$				
Connecticut tax withheld from wages \$				1	Connecticut tax withheld from wages			\$			
D st	tatements) and, to false return or do	clare under the the the best of my ocument to the	e penalty of knowledge a Department o	nd belief, it is tru of Revenue Ser	ie, com vices (plete, and corre DRS) is a fine o	n (including any acc ect. I understand the p of not more than \$5,0 xpayer is based on	penalty fo 000, or in	or willfully deliv nprisonment fo	ering or not	

preparer has any knowledge.

Signature	Title	Date	

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:

- 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 2011(12)**, Form W-2 Electronic Filing Requirements for Tax Year 2011, 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** 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:	☐ Original	☐ Replaceme	nt	3. Calendar y	ear:	
4. Submitter name:					5. FEIN:		
6. Number of employers:	7.	7. Number of employees:				8. Vol.	of
9. Contact name:		Telepho	ne n	umber: ()			