

Form **4996**  
(Rev. October 1998)

Department of the Treasury — Internal Revenue Service  
**Electronic/Magnetic Media Filing Transmittal for  
Wage and Withholding Tax Returns**

OMB Clearance No.  
1545-1463

**Instructions:** Please complete 2 copies of this form and enclose with tape shipment or submit to transmission reception site.

1 Reporting Agent name and address (*Street, City, State, and ZIP code*)

2 Employer (*EIN*)

3 Tax period ended

4 Check the box showing the type of tax return being submitted (*Check only one box.*)

Telephone: (        )

940       941

5 Transmission ID(s) or reel number(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6 Number of tax returns submitted on file(s) identified in Item 1 . . . . . \_\_\_\_\_

7 Total taxes (*Add the amount for this item on all tax returns.*) . . . . . \_\_\_\_\_

8 Total taxes deposited (*Add the amount for this item on all tax returns.*) . . . . . \_\_\_\_\_

9 Submission medium:       electronic transmission       magnetic media       other

10 Have you filed Form 8655, Reporting Agent Authorization, for the filing of electronic and/or magnetic media federal tax returns for all returns submitted with this filing?  
 Yes       No

11 Enter the total number of Forms 941c or other attachments included as supporting documentation for this shipment or transmission.

**Note:** Do not use this form to submit Forms W-2. Contact the Social Security Administration to obtain magnetic tape reporting instructions for Forms W-2.

**Authorization**

Under penalties of perjury, I declare that the tax returns on the enclosed magnetic tape(s) or in the electronic transmission(s) identified on Line 1 above and the accompanying schedules and statements are, to the best of my knowledge and belief, true, correct, and complete.

**(Check if submitting Forms 940)**

For the Forms 940 on the enclosed magnetic media(s) or in the electronic transmission(s) identified on Line 1 above, I declare under penalties of perjury that no part of any payment made to a state unemployment fund claimed as a credit was or is to be deducted from the payments to employees.

Signature of agent or authorized employee responsible for preparation of tax returns

Title

Date

**Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Your response is voluntary. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by code section 6103. The estimated average time to complete this form is 6 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we will be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do **NOT** send this form to this address. Instead, enclose it with the magnetic tape and send it to the Service Center to which you submit your tapes or send it to the transmission reception site that received your transmitted returns.