

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		61-2212212		7 Social security tips	8 Allocated tips	
f Employer's name		ANY LOCAL GOVERNMENT		9 Advance EIC payment	10 Dependent care benefits	
g Employer's address and ZIP code		101 Main Street Lexington		11 Nonqualified plans	12 Deferred compensation	
				13 For third-party sick pay use only		\$ 8404.00
				14 Income tax withheld by payer of third-party sick pay		\$
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)