




OFICINA DEL COMISIONADO DE ASUNTOS MUNICIPALES

MEMORANDO CIRCULAR 97-02

10 de febrero de 1997

DIRECTORES DE FINANZAS,
ENCARGADOS DEL SISTEMA
Y OFICIALES DE NOMINA
DE LOS MUNICIPIOS


José A. Otero García
Comisionado

**FORMA 6559:
TRANSMITTER REPORT AND SUMMARY OF MAGNETIC MEDIA**

Nos referimos a nuestro Memorando Circular del 16 de diciembre de 1996 sobre el Nuevo Procedimiento para Crear Archivo en Medio Magnético W-2 y Procedimientos para Cierre de Año y para los Comprobantes de Retención (W-2) en el Módulo de Nómina.

En llamada telefónica del pasado 3 de febrero el Sr. Efraín Morales, de la Administración de Seguro Social, nos informó que es necesario que el municipio envíe el medio magnético con el formulario *Transmitter Report and Summary of Magnetic Media* (Forma: 6559). Adjunto copia del mismo.

Estos deberán ser enviados a la siguiente dirección:

**Social Security Administration
Wage Reporting Specialist
Federal Office Building - Suite 751
San Juan, PR 00918**

En el caso de que el medio magnético haya sido enviado, la Administración del Seguro Social se comunicará con el Municipio.

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Deseamos enfatizar que, según nos informaran en la Administración del Seguro Social, no será necesario remitir el informe *W2 Report* por escrito pues este ha sido sustituido por el *diskette*.

De surgir cualquier duda, favor de comunicarse con el señor Raúl Zayas, Analista de Sistemas de Contabilidad, al 754-1600, Ext's. 238 ó 241.

Anejo

c: Efraín Morales
Administración Seguro Social

Transmitter Report and Summary of Magnetic Media

OMB No. 1545-0441

(ISSA date of filing stamp)

(Check one)

- United States
- Other

Tax Year 19__

Page ___ of ___

1. Name and address of transmitter (include street, city, state and ZIP code)

2. Employer identification number (EIN) of transmitter

3. Number of reporting media this file

- _____ Magnetic tape(s)
- _____ Diskette(s)
- _____ Cartridge(s)

4. Name and address of person to contact about this magnetic media file (include street, city, state and ZIP code)

5. Telephone number (include area code)

6. Your inventory number

7. Type of data being reported (Check only one)

- W-2 Original
- W-2 Reconciliation
- W-2 Resubmittal
- W-2c for W-2

Affidavit

Under penalties of perjury, I declare that I have examined this return, including accompanying documents, and to the best of my knowledge and belief it is true, correct and complete.

Signature

9. Title

10. Date

11. Employer Summary of Form W-2 Magnetic Media Wage and Tip Information

Name of employer Check if MOGE

Employer identification number Other EIN

Total Amount of Form W-2 Fields

Number of Forms W-2	
Social security wages	\$
Social security tips	\$
Wages, tips, other compensation	\$
Federal income tax withheld	\$
Social security tax withheld	\$
Medicare wages and tips	\$
Medicare tax withheld	\$

11. Employer Summary of Form W-2 Magnetic Media Wage and Tip Information

Name of employer Check if MOGE

Employer identification number Other EIN

Total Amount of Form W-2 Fields

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Social security tips	\$
Wages, tips, other compensation	\$
Federal income tax withheld	\$
Social security tax withheld	\$
Medicare wages and tips	\$
Medicare tax withheld	\$

Continuation Sheet for Form 6559

(Transmitter Report and Summary of Magnetic Media)

See Form 6559 for instructions on how to complete this continuation sheet.

Name and address of transmitter

Employer identification number
(EIN) of transmitter (must be
entered)

11. Employer Summary of Form W-2 Magnetic Media Wage and Tip Information	
Name of employer	Check if MOGE <input type="checkbox"/>
Employer identification number	Other EIN
Total Amount of Form W-2 Fields	
Number of Forms W-2	
Social security wages	\$
Social security tips	\$
Wages, tips, other compensation	\$
Federal income tax withheld	\$
Social security tax withheld	\$
Medicare wages and tips	\$
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