a	Control number	55555	OMB No. 1545-0008		For Paperwo	ork Reduction	Act Notice	and	instructions,	see Form W-3SS.	
b	Employer's identification	number			1	Wages, tips	, other comp	pensation	2	Samoa inc	ome tax withheld
c	Employer's name, addre	ss, and ZIP cod	e		3	Social secu	urity wages		4	Social sec	urity tax withheld
			5	Medicare w	vages and t	ips	6	Medicare t	ax withheld		
				7	Social secu	urity tips	<u> </u>	8	Benefits in	cluded in Box 1	
d	Employee's social securi	ity number			9				10		
e	Employee's name (first,	middle initial, las	st)								
• • • •			11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensation		
					12	See Form \	W-3SS instr	uctions	13	Other	
f	Employee's address and	ZIP code				C	opy 1—Fo	or Americ	an S	Samoa Tre	easurer
Form	W-2AS Ameri	can Sam	oa V	Nage and Ta	IX	Statem	nent 19		at. No 140		tment of the Treasu rnal Revenue Servic

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а	Control number	55555	Void	OMB No. 1545-0008		For Paperwo	rk Reductior	I Act Notice	and	instructions,	see Form W-	3SS.
b	Employer's identification	number			1	Wages, tips,	other comp	pensation	2	Samoa inc	ome tax wit	hheld
c	Employer's name, addre	ss, and ZIP cod	e		3	Social secu	rity wages		4	Social sec	urity tax with	held
			5	Medicare w	ages and t	ips	6	Medicare t	ax withheld			
				7	Social secu	rity tips		8	Benefits in	cluded in Bo	ox 1	
d	Employee's social secur	ity number		9				10				
e	Employee's name (first,		11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensa			
					12	See Form V	V-3SS instr	ructions	13	Other		
f	Employee's address and	ZIP code				Co	opy 1Fc	or Americ	an S	Samoa Tre	asurer	
Form	W-2AS Ameri	can Sam	oa V	Nage and Ta	IX	Statem	ent 19	7.7.1	at. No 1401	•	tment of the rnal Revenu	

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a	Control number	22222	Void	OMB No. 1545-0008		For Paperw	ork Reductio	n Act Notice	and	instructions,	see Form W-3SS.	
b	Employer's identification	number			1	Wages, tip:	s, other com	pensation	2	Samoa inc	ome tax withheld	4
c	Employer's name, addre	ess, and ZIP coo	le		3	Social sec	urity wages	1	4	Social sect	urity tax withheld	ł
			5	Medicare	wages and	tips	6	Medicare t	ax withheld			
				7	Social sec	curity tips		8	Benefits in	cluded in Box 1		
d	Employee's social secur	<u></u>	9				10					
e 	Employee's name (first,	middle initial, la		11 12	Statutory employee		employe	æ 13	Subtotal	Deferred compensation		
Form	t Employee's address and ZIP code Copy 1—For American Samoa Treasurer wrm W-2AS American Samoa Wage and Tax Statement 1993 Cat. No. 10140H Department of the Treasury Internal Revenue Service											

8	Control number	55555	Void	OMB No. 1545-0008								
b	Employer's identification	number			1	Wages, tip:	s, other co	mpensation	2	Samoa ind	come tax withheld	-
C	Employer's name, addre	ess, and ZIP coo	le		3	Social sec	urity wage	IS	4	Social sec	urity tax withheld	
						Medicare	wages and	l tips	6	Medicare	tax withheld	
				7	Social sec	urity tips		8	Benefits in	ncluded in Box 1		
đ	Employee's social secur	ity number			9				10			
8	Employee's name (first,	middle initial, la	st)									
	•••••				11	Statutory employee		n 942 employ	ee	Subtotal	Deferred compensation	
					12	See Form	W-3SS in:	structions	13	Other		
f	Employee's address and	I ZIP code				Co	py A-F	or Social S	Secu	irity Admir	nistration	
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a	Control number	55555	Void	OMB No. 1545-0008								
b	Employer's identification	number			1	Wages, tips	, other comp	ensation	2	Samoa inci	ome tax withheld	
C	Employer's name, addres	ss, and ZIP cod	le		3	Social secu	irity wages		4	Social secu	urity tax withheld	
					5	Medicare w	vages and t	ps	6	Medicare t	ax withheld	
			7	Social secu	irity tips		8	Benefits ind	cluded in Box 1			
d	Employee's social securi	ty number			9				10			
e	Employee's name (first, r	niddle initial, las	st)	·····								
				•••••	11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensation	
					12	See Form V	W-3SS instr	uctions	13	Other		
F	Employee's address and	ZIP code				Co	py A-For	Social S	ecu	rity Admin	istration	-
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Form W-2AS American Samoa Wage and Tax Statement 1993

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a	Control number	25255	Void	OMB No. 1545-0008							
b	Employer's identification	number			1	Wages, tips,	other com	pensation	2	Samoa inc	ome tax withheld
c	Employer's name, addre	ss, and ZIP cod	e		3	Social secu	rity wages		4	Social sec	urity tax withheld
			5	Medicare w	ages and	tips	6	Medicare t	ax withheid		
				7	Social secu	rity tips		8	Benefits in	cluded in Box 1	
d	Employee's social secur		9				10				
e 	Employee's name (first,		11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensation		
					12	See Form W	V-3SS inst	ructions	13	Other	
f	Employee's address and	ZIP code				Сор	y A-Fo	r Social S	ecu	rity Admin	istration
Form	w-2AS Ameri	can Sam	oa V	Statem	ent 19	993			tment of the Treasur		

a	Control number		Void	OMB No. 1545-0008	1	This informa	tion is being	furnished to	o Tax	Dept., Ame	rican Samoa	Gov't.
b	Employer's identification	number			[Wages, tip	s, other com	pensation	2	Samoa inc	ome tax witi	hheld
C	Employer's name, addre	ess, and ZIP cod	le		3	Social sec	curity wages		4	Social seci	urity tax with	held
			5	Medicare	wages and	tips	6	Medicare t	ax withheld			
				7	Social sec	curity tips		8	Benefits in	cluded in Bo	ox 1	
d	Employee's social secur	ity number			9				10			
e	Employee's name (first,		11	Statutory employee		942 employe	e	Subtotal	Deferred compensa			
					12				13	Other		
Ŧ	Employee's address and	I ZIP code			C	ору В— То	be filed w	ith employ	/ee's	American	Samoa tax	return
For	W-2AS Ameri	can Sam	oa \	Staten	nent 19	993			ment of the mal Revenue			

a	Control number		Void	OMB No. 1545-0008	1	This informati	on is being t	urnished to	o Tax	CDept., Ame	rican Samoa Gov't.
b	Employer's identification	number				Wages, tips,	, other comp	ensation	2	Samoa inc	ome tax withheld
c	Employer's name, addre	ess, and ZIP cod	e		3	Social secu	arity wages		4	Social sect	urity tax withheld
						Medicare w	vages and t	ips	6	Medicare t	ax withheld
			7	Social secu	irity tips		8	Benefits in	cluded in Box 1		
d	Employee's social secur	ity number			9				10		
e	Employee's name (first,	middle initial, las	st)			1					
	•••••				11	Statutory employee	Pension plan	942 employe	ю	Subtotal	Deferred compensation
					12				13	Other	
1	Employee's address and	I ZIP code			Ċ	py B-To	be filed wi	th employ	/ee's	American	Samoa tax return

Department of the Treasury Internal Revenue Service

8	Control number	Void	OMB No. 1545-0008		This information	on is being f	urnished to	Tax	Dept., Ame	rican Samoa Gov't.
b	Employer's identification	n number	· · · · · · · · · · · · · · · · · · ·	1	Wages, tips,	other comp	ensation	2	Samoa inc	ome tax withheld
C	Employer's name, addre	ess, and ZIP code	<u></u>	3	Social secu	rity wages		4	Social seci	urity tax withheld
				5	Medicare w	ages and ti	ps	6	Medicare t	ax withheld
				7	Social secu	rity tips		8	Benefits in	cluded in Box 1
d	Employee's social secur	rity number		9				10		
e	Employee's name (first,	middle initial, last)		11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensation
				12				13	Other	
f	Employee's address and	d ZIP code		C	opy B-To	be filed wit	h employ	ee's	s American	Samoa tax return
For	W-2AS Ameri	ican Samoa	Wage and Ta	X	Statem	ent 19	93			ment of the Treasu

.

a	Control number		Void	OMB Na. 1545-0008	1	This informati	on is being f	umished to	Tax	Dept., Ame	rican Samoa Gov't.
b	Employer's identification	number			1	Wages, tips	, other comp	ensation	2	Samoa inc	ome tax withheld
C	Employer's name, addre	ess, and ZIP cod	e		3	Social secu	irity wages		4	Social sec	urity tax withheid
			5	Medicare w	ages and t	ips	6	Medicare t	ax withheld		
					7	Social secu	irity tips		8	Benefits in	cluded in Box 1
d	Employee's social secur	ity number			9				10		
е	Employee's name (first,	middle initial, las	st)		1						
			11	Statutory employee	Pension plan	942 employe	e	Subtota!	Deferred compensation		
					12				13	Other	
f	Employee's address and	d ZIP code				•••••••••••••••••••••••••••••••••••••••	Copy C-F	or EMPL	OYE	E'S RECO	RDS
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a	Control number		Void	OMB Na. 1545-0008								
b	Employer's identification	number			1	Wages, tips	, other comp	pensation	2	Samoa inc	ome tax v	vithheld
C	Employer's name, addre	ess, and ZIP coo	le		3	Social secu	urity wages		4	Social sec	urity tax v	vithheid
						Medicare w	vages and t	ips	6	Medicare I	ax withhe	lơ
			7	Social secu	urity tips		8	Benefits in	cluded in	Box 1		
d	Employee's social secur	ity number			9				10			
е	Employee's name (first,	middle initial, la	st)	· · · · · · · · · · · · · · · · · · ·								
	e Employee's name (first, middle initial, last)					Statutory employee	Pension plan	942 employe	e	Subtotal	Defer compen	
					12				13	Other		
f	Employee's address and	d ZIP code					Copy C-I	or EMPL	OYE	E'S RECO	RDS	
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Internal Revenue Service

a	Control number	Void	OMB Na. 1545-0008	Т	his informatio	on is being f	umished to	Tax	Dept., Ame	rican Samoa Gov't.	
b	Employer's identification number	er .		1	Wages, tips,	other comp	ensation	2	Samoa inc	ome tax withheld	
C	Employer's name, address, and	ZIP code		3	Social secu	rity wages		4	Social sec	urity tax withheld	
			5	Medicare w	ages and t	ips	6	Medicare t	ax withheld		
			7	Social secu	rity tips		8	Benefits in	cluded in Box 1		
d	Employee's social security num	ber		9				10			
е	Employee's name (first, middle	initial, last)									
		· · · · · · · · · · · · · · · · · · ·		11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensation	
				12	*****			13	Other	······	
f	Employee's address and ZIP co	de			(Copy C—F	or EMPL	OYE	E'S RECO	RDS	
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Form W-2AS American Samoa Wage and Tax Statement 1993

Notice to Employee

File Copy B of this form with your 1993 American Samoa income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number (SSN), or address is incorrect, correct Copies B and C, and ask the employer to correct your employment record. Be sure to ask your employer to file **Form W-2c**, Statement of Corrected Income and Tax Amounts, with the Social Security Administration (SSA) to correct any name, amount, or number error reported to SSA on Copy A of the Form W-2AS.

Box 8.—This amount has already been included as wages in box 1. Do not add this amount to box 1. If there is an amount in this box, you may be able to deduct expenses that are related to fringe benefits; see the instructions for your income tax return.

Box 11.—If the "Pension plan" box is marked, special limits may apply to the amount of IRA contributions you may deduct on your return. If the "Deferred

compensation" box is marked, then the elective deferrals shown in box 12 (for all employers, and for all such plans to which you belong) are generally limited to \$8,728. Elective deferrals for section 403(b) contracts are limited to \$9,500 (\$12,500 in limited circumstances, see Pub. 571). Amounts over that must be included in income. **Caution:** The elective deferral dollar limitation of \$8,728 under section 402(g) is subject to change for 1993.

Credit for Excess Social Security and Medicare Taxes.—If more than one employer paid you wages during 1993 and more than the maximum social security tax or Medicare tax was withheld, you can have the excess refunded by filing Form 843, Claim for Refund and Request for Abatement, with the Internal Revenue Service Center in Philadelphia. (If you must file Form 1040 with the United States, however, you should claim the excess credit on Form 1040.)

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a	Control number		Void	OMB No.	1545-0008								
b Employer's identification number					1 Wages, tips, other compensation 2 Samoa income tax with						ome tax withh	əld	
c Employer's name, address, and ZIP code					3	Social sec	urity wages		4 Social security tax withheld				
						5	Medicare	wages and I	lips	6	Medicare t	ax withheld	-
						7	Social sec	urity tips		8	Benefits in	cluded in Box	1
d	Employee's social secur	rity number				9				10			
e	Employee's name (first,	middle initial, las	st)	<u></u>									
	•••••	- -	• • • • • • •	• • • • • • • • • •		11	Statutory employee		942 employ	ee	Subtotal	Deferred compensatio	n
						12	See Form	W-3SS inst	ructions	13	Other		
1	Employee's address and	d ZIP code						Ç	opy D—F	or er	nployer		
Form W-2AS American Samoa Wage and Tax State								nent 19	993			tment of the Tr mal Revenue S	

a	Control number		Void	OMB No	1545-0008								
b	Employer's identification	number				1	Wages, ti	ps, other	r comp	ensation	2	Samoa inc	come tax withheld
c	Employer's name, addre	ess, and ZIP cod	e			3	Social se	curity w	ages		4	Social sec	urity tax withheld
						5	Medicare	wages	and ti	ps	6	Medicare 1	tax withheld
						7	Social se	curity ti	ps		8	Benefits in	cluded in Box 1
d	Employee's social secur	ity number		·		9					10		
•	Employee's name (first,	middle initial, las	st)			T							
						11	Statutor employe		nsion blan	942 employe	æ	Subtotal	Deferred compensation
						12	See Form	n W-385	3 instr	uctions	13	Other	
L t	Employee's address and	I ZIP code							Co	py D—F	or er	nployer	

Department of the Treasury Internal Revenue Service

	Control number	<u> </u>	Vair								
a	Control number		Void	OMB No. 1545-0008							
b	Employer's identification	number			1	Wages, tip	s, other com	pensation	2	Samoa inc	ome tax withheld
c Employer's name, address, and ZIP code					3	Social sec	urity wages		4	Social sec	urity tax withheld
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					5	Medicare	wages and	tine	6	Medicare	ax withheld
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L	-										
d	Employee's social secur	rity number			9	<i>`````````````````````````````````````</i>			10	///////////////////////////////////////	
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e	Employee's name (first,	middle initial, las	st)								
					11	Statutory	Pension	942			Deferred
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f Employee's address and ZIP code Copy D—For employer											
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										Inte	mal Revenue Servic

Instructions for Preparing Form W-2AS

Note: A minimum income tax of 2% must be withheld on wages and other compensation.

Prepare a Form W-2AS for each employee from whom Samoa income tax or U.S. social security and Medicare taxes were withheld or required to be withheld during 1993.

Note: There are major changes to the format of Form W-2AS.

By January 31, 1994, furnish Copies B and C to each person who was your employee during 1993. For anyone who stopped working for you before the end of 1993, you may furnish them copies any time after employment ends. If the employee asks for Form W-2AS, furnish him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration, Data Operations Center, Wilkes-Barre, PA 18769, by February 28, 1994. (For more information, please see Form 941-SS and Circular SS.) Send Copy 1 to the American Samoa Tax Office.

See Form W-3SS for more information on how to complete Form W-2AS.

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