a	Control number	55555	Void	For Office Use Only OMB No. 1545-0008											
b	Employer's identification	on number			1	Wages,	, tips, othe	er com	pensatio	n <b>2</b>	Samoa	a incom	e tax w	thheld	
C	Employer's name, add	ress, and ZIP code	•		3 Social security wages						4 Social security tax withheld				
					5	Medic	are wage	es and	tips	6	Medic	are tax	withheld	1	
					7	Social	security	tips		8	Benefi	ts inclue	ded in t	iox 1	
d	Employee's social sec	urity number			9					10					
e	Employee's name (first	, middle initial, las	t)		11					12					
					13	See Fo	orm W-3	SS ins	truction	s 14	Other				
									- 14-1 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
f	Employee's address a	nd ZIP code			15 S	tatutory nployee		Pensio plan	n		42 mp.	Subtotal	Deferre comper		
		American Sa	moa	Cat. No. 10	140H		Dep	artme	nt of the	e Treas	sury—In	ternal R	evenue	Service	
Form	M_OAC V	Nage and Ta Statement		1994											

#### Do NOT Cut or Separate Forms on This Page

a	Control number	55555	Void	For Office Use Only OMB No. 1545-0008	•									
b	Employer's identification	on number			1	Wages, tip	s, other co	ompensatio	on 2	Samoa ir	ncome	tax withheld		
C	Employer's name, add	ress, and ZIP code	)		3	Social se	curity wa	ges	4	4 Social security tax withheld				
					5	Medicare	wages a	nd tips	6	Medicare	tax v	vithheld		
					7	Social see	curity tips	5	8	Benefits	includ	ed in box 1		
d	Employee's social sect	urity number			9				10					
8	Employee's name (first	t, middle initial, las	t)		11 				12					
					13	See Form	W-3SS i	instructior	ns <b>14</b>	Other				
		-			15 S	tatutory	Per	ision			btotal	Deferred		
f	Employee's address ar	nd ZIP code			er	mployee		n 	e	mp.	.	compensation		
		American Sa	moa	Cat. No. 10	40H		Departi	ment of th	ne Treas	suryInter	nal Re	evenue Service		
Form	M-OVC /	Nage and Ta Statement		1994										

Copy A-For Social Security Administration

Copy A-For Social Security Administration

a Control number	55555	Void	OMB No. 1545-0008											
b Employer's identification	on number			1	Wage	s, tips, c	other co	ompen	sation	2	Samo	a incom	e tax w	ithheld
c Employer's name, add	ress, and ZIP code	)		3 Social security wages						4	thheld			
							5 Medicare wages and tips						withhel	đ
				7	Socia	l securi	ity tips	5		8	Benefi	ts inclue	ded in I	box 1
d Employee's social sec	urity number			9						10				
e Employee's name (first	t, middle initial, las	t)		<b>1</b> 1						12				
				13	See I	Form W	-388	instru	ctions	14	Other			
f Employee's address a	nd ZIP code				tatutory mployee		plai	nsion N		94 er	42 np. ]	Subtotal	Deferre compe	o nsation
	American Sa					L	epart	ment	or the	reas	sury—Ir	iternal F	evenue	Service
<b>W-2AS</b>	wage and la Statement	ax	1994											t Notice W-3SS.

a	Control number	25555	Void	OMB No. 1545-0008										
b	Employer's identification	on number			1	Wages	tips, oth	er compe	nsation	2	Samoa	a incom	e tax w	ithheld
C	Employer's name, add	ress, and ZIP code	e		3	Social	security	wages		4	Social	securit	y tax wi	thheld
					5	Medica	are wage	es and ti	ps	6	Medica	are tax	withheld	t.
					7	Social	security	tips		8	Benefi	ts inclu	ded in t	юх 1
d	Employee's social sec	urity number			9					10				
e	Employee's name (first	t, middle initial, las	t)		11					12				
					13	See Fo	orm W-3	SS instru	uctions	14	Other			
f	Employee's address ar	nd ZIP code			15 S e	tatutory mployee		Pension plan		94 er	12 np. ]	Subtotal	Deferre compe	d nsation
Form	<b>W-2AS</b>	American Sa Wage and Ta Statement		1994			Dep	partment	For	Pap	erwork	Reduc	tion Ac	Service

For Paperwork Reduction Act Notice and instructions, see Form W-3SS.

Copy 1-For American Samoa Treasurer

Copy 1-For American Samoa Treasurer

a Control number	OMB No. 1545-0008	
<b>b</b> Employer's identification number	1 Wages, tips, other c	ompensation 2 Samoa income tax withheld
c Employer's name, address, and ZIP code	3 Social security wa	iges <b>4</b> Social security tax withheld
	5 Medicare wages a	and tips 6 Medicare tax withheld
	7 Social security tip	s 8 Benefits included in box 1
d Employee's social security number	9	10
e Employee's name, address, and ZIP code	11	12
	13 See instructions of Copy C	n back of <b>14</b> Other
		autor Other Defend
	15 Statutory Pe employee pla	nsion 942 Subtotal Deferred in emp. compensation ]



Department of the Treasury-Internal Revenue Service

This information is being furnished to the Tax Department, American Samoa Government.

Copy B-To be filed with employee's American Samoa tax return

a Control number OMB No. 1545-0008 b Employer's identification number Wages, tips, other compensation Samoa income tax withheld 2 c Employer's name, address, and ZIP code Social security wages Social security tax withheld 3 4 5 Medicare wages and tips 6 Medicare tax withheld Benefits included in box 1 Social security tips 7 я d Employee's social security number 10 g e Employee's name, address, and ZIP code 11 12 See instructions on back of Other 13 14 Copy C 15 Statutory employee Deferred Pension 942 Subtotal compensation plan emp. ٦ П



This information is being furnished to the Tax Department, American Samoa Government.

a Control number		OMB No. 1545-0008									
<b>b</b> Employer's identification	<b>b</b> Employer's identification number					er com	pensation	2	Samoa	a incom	e tax withheld
c Employer's name, add	ress, and ZIP code		3	Social	security	wages	5	4	Social	security	v tax withheld
			5	Medica	are wage	es and	tips	6	Medic	are tax	withheld
			7	Social	security	tips		8	Benefi	ts includ	led in box 1
d Employee's social secu	urity number		9					10			
e Employee's name, add	iress, and ZIP code		11					12			
			13	See in:	struction	is on b	ack	14	Other		
				atutory		Pensio			12	Subtotal	Deferred
		·	15 30 en	nployee		plan	,		np. ]		compensation

American Samoa Wage and Tax Statement Copy C—For EMPLOYEE'S RECORDS

1994

Department of the Treasury-Internal Revenue Service

This information is being furnished to the Tax Department, American Samoa Government.

a Control number	
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	/IB No. 1545-0008
<b>b</b> Employer's identification number	1 Wages, tips, other compensation 2 Samoa income tax withheld
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld
	5 Medicare wages and tips 6 Medicare tax withheld
	7 Social security tips 8 Benefits included in box 1
d Employee's social security number	9
e Employee's name, address, and ZIP code	11 12
	13 See instructions on back 14 Other
	15 Statutory Pension 942 Subtotal Deferred employee plan emp. compensation



Department of the Treasury-Internal Revenue Service

This information is being furnished to the Tax Department, American Samoa Government.

## Notice to Employee

File Copy B of this form with your 1994 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.**—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 13.**—Any amount in box 13 should be coded (letter). The following list explains the codes. You may need this information for your tax return.

A—Uncollected social security tax on tips

**B**—Uncollected Medicare tax on tips

C—Cost of group-term life insurance coverage over \$50,000 **D**—Elective deferrals to a section 401(k) cash or deferred arrangement

**E**—Elective deferrals to a section 403(b) salary reduction agreement

**F**—Elective deferrals to a section 408(k)(6) salary reduction SEP

**G**—Elective and nonelective deferrals to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan

J—Sick pay not includible as income

**M**—Uncollected social security tax on cost of group-term life insurance coverage over \$50,000 (former employees only)

**N**—Uncollected Medicare tax on cost of group-term life insurance coverage over \$50,000 (former employees only)

P—Excludable moving expense reimbursement

**Box 15.**—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 13 (for all employers, and for all such plans to which you belong) are generally limited to \$8,994. 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 \$8,994 under section 402(g) is subject to change for 1994.

**Credit for Excess Social Security Tax.**—If more than one employer paid you wages during 1994 and

paid you wages during 1994 and more than the maximum social security 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, claim the excess credit on Form 1040.

## Notice to Employee

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**D**—Elective deferrals to a section 401(k) cash or deferred arrangement

E—Elective deferrals to a section 403(b) salary reduction agreementF—Elective deferrals to a section

408(k)(6) salary reduction SEP G—Elective and nonelective deferrals to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan

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**M**—Uncollected social security tax on cost of group-term life insurance coverage over \$50,000 (former employees only)

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	a Control number		Void	OMB No. 1545-0008	·											
	b Employer's identificatio	n number			1	Wages	s, tips, o	ther cor	mpensatio	on <b>2</b>	Samo	a incom	ie tax wi	thheid		
	c Employer's name, addr	ess, and ZIP code	)		3	Socia	l securi	ty wag	es	4	4 Social security tax withheld					
					5	Medio	care wa	ges an	d tips	6	Medic	are tax	withheld	l		
							l securi	ty tips		8	Benef	its inclu	ded in b	ox 1		
	d Employee's social secu	irity number			9					10						
	e Employee's name, add	ress, and ZIP code	Э		11					12						
					13	See F	orm W-	-3SS ir	structior	ns <b>14</b>	Other					
					15 Si er	tatutory mployee		Pens plan	ion		42 mp.	Subtotal	Deferred compen			
	American Samoa						D	epartm	nent of th	ne Trea:	sury—Ir	nternal F	Revenue	Service		

1994

Copy D-For employer

Wage and Tax Statement

a Control number	OMB No. 1545-0008	3				
<b>b</b> Employer's identification number		1 Wages, tips	, other compensation	2 Sam	oa income	tax withheld
c Employer's name, address, and ZIP co	de	3 Social sec	urity wages	4 Soci	al security	tax withheld
		5 Medicare	wages and tips	6 Med	icare tax w	ithheld
		7 Social sec	urity tips	8 Bene	fits include	ed in box 1
d Employee's social security number		9		10		
e Employee's name, address, and ZIP co	ode	11		12		
		13 See Form	W-3SS instructions	14 Othe	r	
		15 Statutory employee	Pension plan	942 emp.	Subtotal	Deferred compensation
American S	amoa		Department of the	Treasury-	Internal Re	venue Service

1994



# 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 1994.

By January 31, 1995, furnish Copies B and C to each person who was your employee during 1994. For anyone who stopped working for you before the end of 1994, 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, 1995. (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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