a	Control number	22222	Void	OMB No.	1545-0008	Fo	r Paperwork	Reduction A	Act Notice a	and i	nstructions,	see Form W-3SS	3.
b	Employer's identification n	lumber				1	Wages, tips	, other com	pensation	2	VI income	tax withheid	
C	Employer's name, address	s, and ZIP cod	e			3	Social secu	urity wages		4	Social sec	urity tax withhel	ld
						5	Medicare v	vages and	tips	6	Medicare	tax withheld	
			7	Social secu	urity tips		8	Benefits in	icluded in Box 1	1			
d	Employee's social security	number .				9	Advance E	IC payment	t	10			
e	Employee's name (first, m	iddle initial, la	st)			11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensation	
			12	See Form	W-3SS inst	ructions	13	Other					
f	Employee's address and Z	IP code					Cop	by A—For	Social S	ecu	rity Admin	istration	

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1993 Cat. No. 49977C Department of the Treasury Internal Revenue Service

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8	Control number	55555	Void	OMB No. 1545-0008	Fo	r Paperwork	Reduction A	Act Notice a	and i	instructions,	see Form W-	3SS.
b	Employer's identification n	umber			1	Wages, tips	s, other com	pensation	2	VI income	tax withheld	
c	Employer's name, address	, and ZIP coo	ie		3	Social secu	urity wages		4	Social sec	curity tax with	held
					5	Medicare v	wages and	tips	6	Medicare	tax withheld	
					7	Social secu	urity tips		8	Benefits i	ncluded in Bo	1 xc
d	Employee's social security	r number			9	Advance E	IC paymen	t	10			
e	Employee's name (first, m	iddle mitial, la	st)		11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensat	
					12	See Form	W-3SS inst	ructions	13	Other		
f	Employee's address and Z	IP code				Cop	y A-For	Social S	ecu	rity Admir	nistration	
	W_211 119 Vir	nin leland	le W	ane and Tax St	ate	mont 10	03 .	A NI- 400	270	Depar	tment of the	Treasury

Virgin Islands Wage and Tax Statement 1993 Cat. No. 49 ⊢orm

Do NOT Cut or Separate Forms on This Page

a	Control number	55555	Void	OMB No. 1545-0008	·Fo	r Paperwork Reduct	ion Act Notice	and	instructions,	see Form W-3SS.
b	Employer's identification n	umber			1	Wages, tips, other	compensation	2	VI income	tax withheld
c	Employer's name, address	s, and ZIP cod	le		3	Social security wa	ages	4	Social sec	curity tax withheld
					5	Medicare wages	and tips	6	Medicare	tax withheld
						Social security tip	S	8	Benefits I	ncluded in Box 1
d	Employee's social security	/ number			9	Advance EIC pay	ment	10		
e	Employee's name (first, m	iddle initial, la	st)		11	Statutory Pens employee pla		ee	Subtotal	Deferred compensation
					12	See Form W-3SS	instructions	13	Other	
f	Employee's address and Z	IP code				Сору А—	For Social S	 Secu	irity Admir	istration

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1993

Cat. No. 49977C

Department of the Treasury Internal Revenue Service

977C	Internal Revenue Service

a	Control number	55555	Void	OMB No.	1545-0008								
b	Employer's identification n	umber				1	Wages, tips	, other comp	pensation	2	VI income	tax withheld	
c	Employer's name, address	s, and ZIP cod	e			3	Social secu	urity wages		4	Social sec	urity tax withhe	ld
						5	Medicare w	vages and t	ips	6	Medicare	tax withheld	
						7	Social secu	urity tips		8	Benefits in	icluded in Box 1	1
đ	Employee's social security	/ number				9	Advance E	IC payment		10			
e	Employee's name (first, m	idole initial, las	st)			11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensation	1
	••••••					12				13	Other		
	Employee's address and Z						Copy 1	-For VI F	Bureau o	f Int	ernal Rev	enue	
For		gin Island	s Wa	age and	d Tax St	ate					Depart	ment of the Tre	

a	Control number	55555	Void	OMB No. 1545-0008								
b	Employer's identification n	umber			1	Wages, tips,	other com	pensation	2	VI income	tax withhel	ld
c	Employer's name, address	, and ZIP cod	e		3	Social secu	rity wages		4	Social sec	curity tax wi	thheld
					5	Medicare w	ages and t	ips	6	Medicare	tax withhek	d
					7	Social secu	irity tips		8	Benefits in	ncluded in E	Box 1
d	Employee's social security	number			9	Advance El	C payment		10			
e	Employee's name (first, m	iddle initial, la	st)		11	Statutory employee	Pension plan	942 empioye	e	Subtotal	Deferre compensi	
					12				13	Other		
f	Employee's address and Z	IP code				Copy 1	-For VI	Bureau o	f Int	ernal Rev	enue	
-										Dener	amont of the	Transie

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1993

Department of the Treasury Internal Revenue Service

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а	Control number	55555	Void	OMB No. 1545-0008				
b	Employer's identification n	number	L		1	Wages, tips, other compensation	2	VI income tax withheld
c	Employer's name, address	s, and ZIP cod	e		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	y number			9	Advance EIC payment	10	
e	Employee's name (first, m	iddle initial, la	st)		11	Statutory Pension 942 employee plan employ	ee	Deferred Subtotal compensation
					12		13	Other
1	Employee's address and 2	ZIP code				Copy 1-For VI Bureau o	of In	ternal Revenue

.

а	Control number		Void	OMB No.	1545-0008	Th	is information	i is being fu	mished to	the '	VI Bureau of	Internal R	evenue.
b	Employer's identification r	umber				1	Wages, tips,	, other com	pensation	2	VI income	tax with	neld
C	Employer's name, address	, and ZIP cod	e			3	Social secu	urity wages		4	Social see	curity tax	withheld
						5	Medicare w	ages and	tips	6	Medicare	tax withh	eid
						7	Social secu	irity tips		8	Benefits i	ncluded in	Box 1
d	Employee's social security	number				9	Advance El	C paymen	t	10			
e	Employee's name (first, m	iddle initial, la	st)			11	Statutory employee	Pension plan	942 employe	e	Subtotal	Defe comper	
						12				13	Other		
4	Employee's address and Z	IP code					Сору В	-To be	filed with	em	ployee's	/I tax ret	เบท
	WOM HO MA	nin Jaland			Tou Ch			00			Depar	tment of t	be Treesun

Form W-2VI	U.S. Virgin	Islands	Wage a	and Ta	ax Statement 1993	3
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Department of the Treasury Internal Revenue Service

а	Control number		Void	OMB No. 1545-0008	Th	is information	i is being fu	rnished to	the \	/I Bureau of	Internal Revenue.
b	Employer's identification nu	umber			1	Wages, tips	, other com	pensation	2	VI income	e tax withheid
С	Employer's name, address,	, and ZIP code			3	Social secu	irity wages		4	Social see	curity tax withheld
					5	Medicare w	vages and	tips	6	Medicare	tax withheld
					7	Social secu	irity tips		8	Benefits (ncluded in Box 1
d	Employee's social security	number		<u> </u>	9	Advance El	C payment		10		
e	Employee's name (first, mit	ddle initial, last)		11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensation
			•••••		12				13	Other	
f	Employee's address and Zi	P_code				Сору В	-To be	liled with	em	ployee's '	VI tax return

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1993

Department of the Treasury Internal Revenue Service

а	Control number		Void	OMB No. 1545-0008	Th	is information	is being fu	nished to	the V	/I Bureau of	Internal Re	evenue.
b	Employer's identification r	number			1	Wages, tips,	, other com	pensation	2	VI income	tax withh	eld
C	Employer's name, address	s, and ZIP cod	e		3	Social secu	irity wages		4	Social sec	urity tax v	vithheid
					5	Medicare w	ages and t	ips	6	Medicare	lax withhe	eld
	-				7	Social secu	irity tips		8	Benefits in	icluded in	Box 1
d	Employee's social security	/ number			9	Advance El	C payment		10			
e	Employee's name (first, m	iddle initial, las	st)		11	Statutory employee	Pension plan	942 employe	e	Subtotal	Defer compen	
					12				13	Other		
1												
1	Employee's address and Z	IP code				Сору В	-To be f	iled with	em	ployee's \	/I tax ret	um

а	Control number	Void	OMB No. 1545-0008	Th	is information	n is being fu	rnished to	the \	/I Bureau of	Internal Reve	enue.
b	Employer's Identification nur	mber		1	Wages, tips	, other com	pensation	2	VI income	tax withheld	3
c	Employer's name, address, a	and ZIP code		3	Social secu	urity wages		4	Social sec	curity tax wit	hheid
				5	Medicare w	vages and t	tips	6	Medicare	tax withheld	
				7	Social secu	urity tips		8	Benefits in	ncluded in B	ox 1
d	, Employee's social security n	number		9	Advance El	IC payment		10			
e	Employee's name (first, mide	dle initial, last)		11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferre compensa	
				12				13	Other		
f	Employee's address and ZIP	code			Сору С	-For EN	IPLOYEE	'S I	RECORDS	i	
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Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1993

Department of the Treasury Internal Revenue Service

a	Control number		Void	OMB No. 1545-0008	Th	is information i	is being fu	rnished to	the \	√l Bureau of	Internal Revenue.	
Ь	Employer's identification n	lumber			1	Wages, tips,	other com	pensation	2	VI income	tax withheld	
¢	Employer's name, address	s, and ZIP cod	e		3	Social secur	rity wages		4	Social sec	urity tax withheld	
					5	Medicare wa	ages and f	tips	6	Medicare	tax withheld	
			_		7	Social secur	rity tips		8	Benefits in	ncluded in Box 1	
d	Employee's social security	number			9	Advance EIC	C payment		10			
e	Employee's name (first, m	iddle initial, las	st)		11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensation	
					12				13	Other		
f Employee's address and ZIP code						Copy C-For EMPLOYEE'S RECORDS						
L												_

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1993

Department of the Treasury Internal Revenue Service

a	Control number			OMB No. 1545-0008	This information is being furnished to the VI Bureau of Internal Revenue.						
b	Employer's identification n	1	Wages, tips,	, other com	pensation	2	VI income	tax withheld			
c	Employer's name, address	, and ZIP code	9		3	Social secu	irity wages		4	Social sec	urity tax withheld
					5	Medicare w	vages and 1	ips	6	Medicare	tax withheld
					7	Social secu	irity tips		8	Benefits in	icluded in Box 1
d	Employee's social security	number	_		9	Advance El	iC payment		10		
e	Employee's name (first, mi	iddle initial, las	it)		11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensation
					12				13	Other	
Ľ	Employee's address and Z	IP code			Copy C-For EMPLOYEE'S RECORDS						

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1993

Notice to Employee

You must file a tax return regardless of your income if any amount is shown in box 9, Advance EIC (earned income credit) payment. If you qualify, you can get the earned income credit in advance by filing Form W-5. See Pub. 596 for more details.

File Copy B of this form with your 1993 U.S. Virgin Islands income tax return. Please keep Copy C for your records. If your name, social security number, or address is incorrect, correct Copies B and C, and ask your employer to correct your employment record. Be sure to ask the 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-2VI.

If you expect to owe self-employment tax of \$500 or more for 1994, you may have to make estimated tax payments. Use Form 1040-ES, Estimated Tax for Individuals.

Box 8.—This amount is included 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.

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Box 9.—Enter this amount on the advance earned income credit line of your 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.)

Box 9.—Enter this amount on the advance earned income credit line of your tax return.

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a	Control number	Voic	OMB No. 1545-0008							
D	Employer's identification n	lumber		1	Wages, tip:	s, other corr	pensation	2	VI income	e tax withheid
c	Employer's name, address	s, and ZIP code		3	Social sec	urity wages	5	4	Social see	curity tax withheld
				5	Medicare	wages and	tips	6	Medicare	tax withheld
				7	Social sec	urity tips		8	Benefits i	ncluded in Box 1
d	Employee's social security	/ number	<u></u>	9	Advance E	EIC paymen	t	10		
e	Employee's name (first, m	iddle initial, last)		11	Statutory employee	Pension plan	942 employe	e	Subtotal	Deferred compensation
				12	See Form	W-3SS inst	ructions	13	Other	
•	Employee's address and Z	IP code		<u> </u>	Сору	D—For en	nployer			

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1993

Department of the Treasury Internal Revenue Service

b Employer's identification number	1 Wages, tips, other compensation 2 VI 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 Advance EIC payment 10
e Employee's name (first, middle initial, last)	11 Statutory Pension 942 Deferred employee plan employee Subtotal compensation
	12 See Form W-3SS instructions 13 Other
f Employee's address and ZIP code	Copy D—For employer

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1993

Department of the Treasury Internal Revenue Service

a	Control number		Void	OMB No. 1545-0008				
b	Employer's identification n	umber		L	1	Wages, tips, other compensation	2	VI income tax withheld
C	Employer's name, address	s, and ZIP cod	e		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	Advance EIC payment	10	
e	Employee's name (first, m	iddle mitial, las	st)		11	Statutory Pension 942 employee plan employe	æ	Deferred Subtotal compensation
					12	See Form W-3SS instructions	13	Other
ſ	Employee's address and Z	IP code				Copy D-For employer	L	

Instructions for Preparing Form W-2VI

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

Prepare Form W-2VI for each of your employees to whom any of the following items applied during 1993:

(a) You withheld income tax or social security and Medicare taxes.

(b) You would have withheld income tax if the employee had not claimed more than one withholding allowance.

(c) You paid any amount for services if you are in a trade or business. Include the cash value of any payment you made that was not in cash.

(d) You made any advance EIC (earned income credit) payments.

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-2VI, 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 VI Bureau of Internal Revenue.

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

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