a Control number	22222	Void	For Official Use O	-	-		•		
b Employer identification number					1 Wages, tips, other compensation \$	2 Sam \$	noa income tax withheld		
c Employer's name, address, and	ZIP code				3 Social security wages \$		ial security tax withheld		
					5 Medicare wages and tips 6 Medicare tax withheld \$				
					7 Social security tips\$	8 ///			
d Employee's social security number	oer				9	10			
e Employee's first name and initia	Last name				11 Nonqualified plans \$	12a See	Form W-3SS instructions \$		
					13 Statutory employee Retirement plan Third-party sick pay	12b C G G G G G	\$		
					14 Other	12c	\$		
						12d	\$		
f Employee's address and ZIP co	de								
Form W-2AS Am	erican Samoa ge and Tax S	i tatement	200	1	For Priv	vacy Act a	sury—Internal Revenue Service		

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

Cat. No. 10140H

Copy A For Social Security Administration—Send this entire page with Copy A of Form W-3SS to the Social Security Administration; photocopies are **not** acceptable.

Notice and instructions, see Form W-3SS.

a Control number	55555	Void	OMB No. 1545-0008							
b Employer identification number				1	Wages, ti	ps, other co	mpensation	2 Sam	ioa income ta	x withheld
c Employer's name, address, and	ZIP code			3	Social se	ecurity wag	es	4 Soci	al security ta	x withheld
				5	Medicare	e wages an	id tips	6 Med	licare tax witl	nheld
				7	Social se	ecurity tips		8 /////////////////////////////////////		
d Employee's social security num	ber			9				10		
e Employee's first name and initia	l Last name			11		ified plans		12a		
				13	Statutory employee	Retirement plan	Third-party sick pay	12b		
				14	Other			12c		
								12d		
f Employee's address and ZIP co	ode									
NAL O DO Am	erican Samoa	<u> </u>		•			Denartment o	of the Trea	surv—Interna	l Revenue Service

Form W-2AS American Samoa Wage and Tax Statement



Copy 1—For American Samoa Treasurer

a Control number	55555	Void	OMB No. 1545-0008							
b Employer identification number				1	Wages, ti	ps, other co	mpensation	2 Sam	ioa income ta	x withheld
c Employer's name, address, and	ZIP code			3	Social se	ecurity wag	es	4 Soci	al security ta	x withheld
				5	Medicare	e wages an	id tips	6 Med	licare tax witl	nheld
				7	Social se	ecurity tips		8 /////////////////////////////////////		
d Employee's social security num	ber			9				10		
e Employee's first name and initia	l Last name			11		ified plans		12a		
				13	Statutory employee	Retirement plan	Third-party sick pay	12b		
				14	Other			12c		
								12d		
f Employee's address and ZIP co	ode									
NAL O DO Am	erican Samoa	<u> </u>		•			Denartment o	of the Trea	surv—Interna	l Revenue Service

Form W-2AS American Samoa Wage and Tax Statement



Copy 1—For American Samoa Treasurer

а	Control number												
			OMB No. 1545-0008										
b	Employer identification number			1	Wages, tip	s, other c	ompensatior	n	2 Sa	amoa	income	tax with	held
С	Employer's name, address, and	ZIP code		3	Social se	curity wa	ges		4 So	ocial s	ecurity t	ax with	neld
				5	Medicare	wages a	ind tips		6 M	edicar	e tax wi	thheld	
				7	Social se	curity tip	S		8 <i> </i> 				
d	Employee's social security number	ber		9					10				
е	Employee's first name and initia	ıl Last name			Nonqualif	ied plans	5		12a Se	e instr	ructions	on back	of Copy C
				13 8	tatutory mployee	Retirement plan	Third-party sick pay	,	12b				
				14	Other				12c				
									12d				
f	Employee's address and ZIP co	ode											

Copy B—To Be Filed With Employee's American Samoa Tax Return

Form W-2AS American Samoa Wage and Tax Statement



Department of the Treasury—Internal Revenue Service

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

a Control number		OMB No. 1545-0008				
b Employer identification number			1 Wages, tips, other	compensation	2 Samo	oa income tax withheld
c Employer's name, address, and	I ZIP code		3 Social security w	ages	4 Socia	I security tax withheld
			5 Medicare wages	and tips	6 Medio	care tax withheld
			7 Social security tip	os	8	
d Employee's social security num	ber		9		10	
e Employee's first name and initia	al Last name		11 Nonqualified plan	IS	12a See in	structions on back
			13 Statutory employee Retirement plan	Third-party sick pay	12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP co	ode					
· · ·					<i>*************************************</i>	

Copy C—For EMPLOYEE'S RECORDS

Form W-2AS American Samoa Wage and Tax Statement

5007

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 2001 American Samoa income tax return. Keep Copy C for your records. 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, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, amount, or SSN error reported to the SSA.

If you expect to owe self-employment tax of \$1,000 or more for 2002, you may have to make estimated tax payments to the U.S. Internal Revenue Service. Use Form 1040-ES, Estimated Tax for Individuals.

Box 11. This amount is (a) reported in box 1 if it is a distribution from a nonqualified deferred compensation or section 457 plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457 plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

Box 12. The following list explains any codes shown in box 12. You may need this information to complete your tax return.

A-Uncollected social security tax on tips

B-Uncollected Medicare tax on tips

C—Cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

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

F-Elective deferrals under a section 408(k)(6) salary reduction SEP

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

J—Nontaxable sick pay (not included in boxes 1, 3, or 5)

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

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

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

Q—Military employee basic housing, subsistence, and combat zone compensation

R—Employer contributions to your medical savings account (MSA)

S—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5)

Box 13. If the "Retirement plan" checkbox is marked, special limits may apply to the amount of traditional IRA contributions you may deduct. Also, the elective deferrals in box 12 (codes D, E, F, G, H, and S) (for all employers, and for all such plans to which you belong) are generally limited to \$10,500. Elective deferrals for section 403(b) contracts are limited to \$10,500 (\$13,500 in some cases; see Pub. 571). Section 457(b) plans are limited to \$8,500. Amounts over these limits must be included in income.

Credit for excess social security tax. If you had more than one employer in 2001 and more than \$4,984.80 in social security tax was withheld, you may 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 tax as a credit on Form 1040.

Note: Keep Copy C of Form W-2AS for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Review the information shown on your annual (for workers over 25) Social Security Statement.

a Control number		Void	OMB No. 1545-0008							
b Employer identification number				1	Wages, ti	ps, other co	ompensation	2 San	noa income tax w	ithheld
c Employer's name, address, and	d ZIP code			3	Social se	ecurity wag	ges	4 Soc	ial security tax wi	thheld
				5	Medicare	e wages a	nd tips	6 Med	dicare tax withheld	t
				7	Social se	ecurity tips	;	8 ///		
d Employee's social security num	nber			9				10		
e Employee's first name and initi	al Last name			11	Nonqual	ified plans		12a See	Form W-3SS ins	ructions
				13	Statutory employee	Retirement plan	Third-party sick pay	12b		
				14	Other			12c		
								12d		
f Employee's address and ZIP c	ode									
								·		
A -	norioen Comes				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

Form W-2AS
Copy D—For Employer

American Samoa Wage and Tax Statement



Department of the Treasury—Internal Revenue Service

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

Instructions for Preparing Form W-2AS

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

Who must file. File Form W-2AS for each employee from whom American Samoa income tax or U.S. social security and Medicare taxes were withheld or required to be withheld during 2001.

Distribution of copies. By January 31, 2002, furnish Copies B and C to each person who was your employee during 2001. For anyone who stopped working for you before the end of 2001, you may furnish Copies B and C to them any time after employment ends but by January 31. If the employee asks for Form W-2AS, furnish the completed copies within 30 days of the request or within 30 days of the final wage payment, whichever is later. You may also file Copy A and

Form W-3SS, Transmittal of Wage and Tax Statements, with the Social Security Administration at the same time.

Note: If you terminate your business, see the rules on furnishing and filing Forms W-2AS and W-3SS under **Terminating a business** in the Form W-3SS instructions.

When to file. By February 28, 2002, send Copy A of Forms W-2AS and W-3SS to the Social Security Administration. However, if you file electronically (not by magnetic media), the due date is April 1, 2002. See Form W-3SS.

Reporting on magnetic media or electronically. If you must file 250 or more Forms W-2AS, you must file using magnetic media or electronically. For information, contact your Employer Service Liaison Officer (ESLO) at 510-970-8247.

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

