а	Control number	25555	Void	For Official Use Only I OMB No. 1545-0008	•					
b	Employer identification number				1 W \$	ages, tips, other compensation	2 Sam \$	oa income tax withheld		
с	Employer's name, address, and	d ZIP code			3 S \$	ocial security wages	4 Soci \$	al security tax withheld		
					5 Medicare wages and tips \$		6 Med \$	6 Medicare tax withheld \$		
					7 S \$	ocial security tips	8			
d	Employee's social security num	nber			9		10			
e	Employee's first name and initia	al Last name			\$	onqualified plans	12a See	Form W-3SS instructions		
					13 Statu emp	tory Retirement Third-party oyee plan sick pay	12b	\$		
					14 0	ther	12c	\$		
							12d	\$		
f	Employee's address and ZIP co	ode								
Forr	Form W-2AS American Samoa Wage and Tax Statement 2003 Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction Act									
	Copy A For Social Security Administration—Send this entire Notice and instructions, see Form W-3SS.									

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

Cat. No. 10140H

## Do Not Cut, Fold, or Staple Forms on This Page - Do Not Cut, Fold, or Staple Forms on This Page

a Control number	55555	Void	OMB No. 1545-0008					
<b>b</b> Employer identification numbe	r	I		1	Wages, tips, other con	npensation	2 Samo	oa income tax withheld
c Employer's name, address, an	d ZIP code			3	Social security wage	es.	4 Socia	al security tax withheld
				5	Medicare wages and	d tips	6 Medi	care tax withheld
				7	Social security tips		8	
d Employee's social security nur	nber			9			10	
e Employee's first name and init	ial Last name			11	Nonqualified plans		12a <sup>C</sup> e	
				13	Statutory Retirement plan	Third-party sick pay	12b C o d e	
				14	Other		12c C d e	
							12d	
f Employee's address and ZIP of	ode							
	nerican Samoa age and Tax St		2003	3		Department of	of the Treas	ury—Internal Revenue Service

Copy 1—For American Samoa Treasurer

a Control number				
		OMB No. 1545-0008		
<b>b</b> Employer identification numb	er	[	1 Wages, tips, other compensation	2 Samoa income tax withheld
c Employer's name, address, a	nd 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
d Employee's social security n	umber		9	10
e Employee's first name and in	itial Last name		11 Nonqualified plans	12a See instructions for box 12
			13 Statutory Retirement Third-party sick pay	12b C d e
			14 Other	12c C d e
				12d C d e
f Employee's address and ZIF	code			
	American Samoa Vage and Tax Statement	2003		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 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
d Employee's social security number	9
e Employee's first name and initial Last name	11 Nonqualified plans  12a See instructions for box 12    C  C
	13  Statutory employee  Retirement plan  Third-party sick pay  12b
	<b>14</b> Other <b>12c</b>
f Employee's address and ZIP code	
Form W-2AS American Samoa Wage and Tax Statement	2003 Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS

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

## Notice to Employee

File Copy B of this form with your 2003 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 2004, 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 nongovernmental 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 the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, G, H, and S) under all plans are generally limited to \$12,000 (\$15,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in 2003, your employer may have allowed an additional deferral of up to \$2,000 (\$1,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for your tax return.

A-Uncollected social security tax on tips

B-Uncollected Medicare tax on tips

 ${\rm C--}$  Taxable 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 deferred compensation plan

 $H\mbox{--}Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (You may be able to deduct.)$ 

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

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

 $N-\!\!\!\!\!\!\!$  Uncollected Medicare tax on taxable 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)

**R**—Employer contributions to your Archer (MSA) (see **Form 8853**, Archer MSAs and Long-Term Care Insurance Contracts)

 $\ensuremath{\text{S}}\xspace$  –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" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct.

**Credit for excess social security tax.** If you had more than one employer in 2003 and more than \$5,394.00 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					
<b>b</b> Employer identification number	er (		OMB No. 1545-0008	1	Wages, tips, other compensation	2 Sam	noa income tax withheld
c Employer's name, address, ar	nd ZIP code			3	Social security wages	4 Soc	ial security tax withheld
				5	Medicare wages and tips	6 Mec	licare tax withheld
				7	Social security tips	8	
d Employee's social security nu	mber			9		10	
e Employee's first name and ini	tial Last name			11	Nonqualified plans	12a See	Form W-3SS instructions
				13	Statutory Retirement Third-party employee plan sick pay	12b	
				14	Other	12c	
						12d	
f Employee's address and ZIP	code						
	merican Samoa /age and Tax Sta	atement	2003	3			sury—Internal Revenue Service

Copy D—For Employer

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 2003.

**Distribution of copies.** By February 2, 2004, furnish Copies B and C to each person who was your employee during 2003. For anyone who stopped working for you before the end of 2003, you may furnish Copies B and C to them any time after employment ends but by February 2, 2004. 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 March 1, 2004, 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 March 31, 2004. See Form W-3SS.

**Reporting on magnetic media or electronically.** If you 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.

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