Attention!

This form is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing. The printed version of this form is a "machine readable" form. As such, it must be printed using special paper, special inks, and within precise specifications.

Additional information about the printing of these specialized tax forms can be found in: Publication 1167, *Substitute Printed, Computer-Prepared, and Computer-Generated Tax Forms and Schedules;* and, Publication 1179, *Specifications for Paper Document Reporting and Paper Substitutes for Forms 1096, 1098, 1099 Series, 5498, and W-2G.*

The form or publcations above may be obtained by calling 1-800-829-3676). Be sure to order using the IRS form or publication number.

a Control number	22255	Void	For Official Use Only OMB No. 1545-0008	•	
b Employer 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
d Employee's social security numb	ber			9 Advance EIC payment\$	10
e Employee's first name and initia	Last name			11 Nonqualified plans \$	12a See Form W-3SS instructions C a e \$
				13 Statutory Retirement Third-party sick pay	12b ^C ^C ^C ^C ^C ^C ^C ^C
				14 Other	12c ^C ^C ^e *
					12d
f Employee's address and ZIP co					
Form W-2VI Wag	Virgin Islands e and Tax Sta	s Itement	2002	For Pri	of the Treasury—Internal Revenue Service vacy Act and Paperwork Reduction Act
Copy A For Social Security Administration—Send this entire (Rev. February 2002)				2) No	tice and instructions, see Form W-3SS.

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.

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

Cat. No. 49977C

a Control number	22222	Void	OMB No. 1545-0008				
b Employer 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		
d Employee's social security num	ber			9 Advance EIC payment	10		
e Employee's first name and initia	I Last name			11 Nonqualified plans	12a C d e		
				13 Statutory employee Retirement plan Third-party sick pay			
				14 Other			
					12d		
f Employee's address and ZIP code							
W_2\/I ^{U.S.}	Virgin Islands	5	2002	Department	of the Treasury—Internal Revenue Service		

Form W-2VI U.S. Virgin Islands Wage and Tax Statement Copy 1—For VI Bureau of Internal Revenue **2002** (Rev. February 2002)

a Control number					
		OMB No. 1545-0008			
b Employer 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	
d Employee's social security n	umber		9 Advance EIC payment	10	
e Employee's first name and ir	itial Last name		1 Nonqualified plans	12a See instructions on back of Copy C	
		1	3 Statutory employee Retirement plan Third-party sick pay		
		1	4 Other		
f Employee's address and ZIP	code				
Form W-2VI Wa	S. Virgin Islands	2002	Department of	of the Treasury—Internal Revenue Service	
Form VV⁻ZVI Wa	age and Tax Statement		Tł	nis information is being furnished to the	

Copy B-To Be Filed With Employee's VI Tax Return

2005 (Rev. February 2002)

This information is being furnished to the VI Bureau of Internal Revenue.

a Control number						
		OMB No. 1545-0008				
b Employer 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		
d Employee's social security num	ber		9 Advance EIC payment	10		
e Employee's first name and initia	I Last name		11 Nonqualified plans	12a See instructions on back		
			13 Statutory employee plan Third-party sick pay	12b C e e		
			14 Other			
				12d		
f Employee's address and ZIP co	de					
U.S. Virgin Islands						

Form **W-2VI** U.S. Virgin Islands Wage and Tax Statement Copy C—For EMPLOYEE'S RECORDS



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This information is being furnished to the VI Bureau of Internal Revenue.

Notice to Employee

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

Copies B and C; corrections. File Copy B of this form with your 2002 U.S. Virgin Islands 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 your employer to correct your employment record. Be sure to ask the 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.

Estimated tax. If you expect to owe self-employment tax of \$1,000 or more for 2003, you may have to make estimated tax payments to the U.S. Internal Revenue Service. Use Form 1040-ES, Estimated Tax for Individuals.

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

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 \$11,000 (\$14,000 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 2002, your employer may have allowed an additional deferral of up to \$1,000 (\$500 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

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 deferred compensation plan

 $H-\!\!-\!\!$ 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 cost of group-term life insurance over \$50,000 (former employees only)

 $\ensuremath{\text{N-Uncollected}}$ 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)

R-Employer contributions to your Archer 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" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct.

Credit for excess social security tax. If one employer paid you wages during 2002 and more than \$5,263.80 in social security tax was withheld, you may claim a refund of the excess on Form 1040 by filing it with the VI Bureau of Internal Revenue, 9601 Estate Thomas, Charlotte Amalie, St. Thomas, VI 00802. If you had more than one employer in 2002 and more than \$5,263.80 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-2VI 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, tips, other compensation		2 VI inc	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 Medie	6 Medicare tax withheld		
				7 Social security ti	ps	8		
d Employee's social security r	number			9 Advance EIC pay	yment	10		
e Employee's first name and i	nitial Last name			11 Nonqualified plan	าร	12a See F	Form W-3SS instructions	
				13 Statutory employee plan	t Third-party sick pay	12b		
				14 Other		12c		
						12d		
f Employee's address and ZI	P code							
Form W-2VI W	S. Virgin Islands age and Tax Stat		200	_	Department	of the Treas	ury-Internal Revenue Service	
Form WW	age and Tax Stat	tement		-	For Privacy A	Act and Pape	work Reduction Act Notice	

(Rev. February 2002)

Copy D—For Employer

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

Instructions for Preparing Form W-2VI

Who must file. File Form W-2VI for each employee to whom any of the following items applied during 2002:

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.

Distribution of copies. By January 31, 2003, furnish Copies B and C to each person who was your employee during 2002. For anyone who stopped working for you before the end of 2002, you may furnish Copies B and C any time after employment ends but by January 31. If the employee asks for Form W-2VI,

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-2VI and W-3SS under **Terminating a business** in the Form W-3SS instructions.

When to file. By February 28, 2003, send Copy A of Forms W-2VI and W-3SS to the Social Security Administration. However, if you file electronically (not by magnetic media), the due date is March 31, 2003. See Form W-3SS.

Reporting on magnetic media or electronically. If you file 250 or more Forms W-2VI, you must file using magnetic media or electronically. For information, contact your Employer Service Liaison Officer (ESLO) at 787-766-5574.

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

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