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 designed as 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 IRS Publications 1141, 1167, 1179, and other IRS resources.

The printed version of the form may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form or publication number.

a Control number	er	55555	Void	For Official Use OMB No. 1545-	_							
b Employer iden	tification number				1	Wages, ti	os, other co	mpensation	2	Samo	a income tax	withheld
c Employer's na	me, address, and	ZIP code			3	Social se	ecurity wag	es	4	Social	I security tax	withheld
					5	Medicare	e wages an	d tips	6	Medic	are tax withl	neld
					7	Social se	ecurity tips		8			
d Employee's so	cial security numl	oer			9				10			
e Employee's fire	st name and initia	I Last name			11		fied plans		12a	See F	orm W-3SS	instructions
					13	Statutory employee	Retirement plan	Third-party sick pay	12b			
					14	Other			12c			
f Employee's ac	dress and ZIP co	de							12d			

Form W-2AS

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.

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.

Cat. No. 10140H

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

а	Control number	55555	Void	OMB No. 1545-0	800							
b	Employer identification number				1	Wages, tip	ps, other co	mpensation	2 Sa	moa inc	come tax wi	thheld
С	Employer's name, address, and	ZIP code			3	Social se	ecurity wag	jes	4 Sc	cial sec	curity tax wit	hheld
					5	Medicare	e wages ar	nd tips	6 Me	edicare ⁻	tax withheld	I
					7	Social se	ecurity tips		8 ///			
d	Employee's social security num	ber			9				10			
е	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			
f	Employee's address and ZIP co	ode							12d			

W-2AS American Samoa Wage and Tax Statement



Department of the Treasury—Internal Revenue Service

Copy 1—For American Samoa Treasurer

a Control number														
	OMB No. 1545-0008													
b Employer identification number		1	Wa	ges, tip	ps, othe	er com	npensatio	on	2	Samo	a ince	ome ta	ax with	held
c Employer's name, address, and ZIP code		3	So	cial se	ecurity	wage	es		4	Socia	ıl secu	urity ta	x with	held
		5	Me	dicare	e wage	es and	d tips		6	Medio	care ta	ax wit	hheld	
		7	So	cial se	ecurity	tips			8 <i> </i> 					
d Employee's social security number		9							10					
e Employee's first name and initial Last name		11		·	ified pl				12a	See ir	nstruct	ions fo	or box ⁻	12
		13	Statuto	ory /ee	Retirem plan	nent	Third-part sick pay	ty	12b					
		14	Oth	ner					12c					
f Employee's address and ZIP code									12d					

Form W-2AS

American Samoa Wage and Tax Statement

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



Department of the Treasury—Internal Revenue Service

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

а	Control number										
			OMB No. 1545-0008								
b	Employer identification number			1	Wages,	tips, other	compensation	2	Samo	oa income tax	withheld
С	Employer's name, address, and	ZIP code		3	Social	security wa	ages	4	Socia	al security tax	withheld
				5	Medica	re wages	and tips	6	Medio	care tax withh	eld
				<u> </u>				-2	777777		
				7	Social	security tip	os	8			
d	Employee's social security num	ber		9				10			
е	Employee's first name and initia	l Last name		11	Nonqua	alified plan	IS	12a	See in	estructions for b	ox 12
								o d e			
				13	Statutory employee	Retirement plan	Third-party sick pay	12b		1	
								o d e			
				14	Other			12c		I	
								d e			
١.	5 I I I I I I I I I I I I I I I I I I I							12d		1	
f	Employee's address and ZIP co	ode ////////////////////////////////////				,,,,,,,,,,		d //////	777777		
UU	//////////////////////////////////////		///////////////////////////////////////		///////////////////////////////////////	///////////////////////////////////////			<u> </u>	///////////////////////////////////////	

Form W-2AS Amer Wage Copy C—For EMPLOYEE'S RECORDS

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.

Notice to Employee

File Copy B of this form with your 2004 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 2005, 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(b) plan or **(b)** included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) 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 \$13,000 (\$16,000 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 2004, your employer may have allowed an additional deferral of up to \$3,000 (\$1,500 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**—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(b) 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 (information only, 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)
- ${\bf P}$ —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)
- **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)
- **W**—Employer contributions to your Health Savings Account (see **Form 8889**, Health Savings Accounts)
- **Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

Credit for excess social security tax. If you had more than one employer in 2004 and more than \$5,449.80 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. 1545-00	0008	
b Employer identification number		1 Wages, tips, other compensation 2 Samoa income tax withheld	t t	
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 10	
e Employee's first name and initial Last name			11 Nonqualified plans 12a See Form W-3SS instruction	ns
			13 Statutory Retirement Third-party sick pay	
			14 Other 12c C C C C C C C C C	
f Employee's address and ZIP code			12d	

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 2004.

Distribution of copies. By January 31, 2005, furnish Copies B and C to each person who was your employee during 2004. For anyone who stopped working for you before the end of 2004, you may furnish Copies B and C to them any time after employment ends but by January 31, 2005. 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 (SSA) 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, 2005, send Copy A of Forms W-2AS and W-3SS to the SSA. However, if you file electronically (not by magnetic media), the due date is March 31, 2005. 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, visit SSA's Employer Reporting Instructions and Information webpage at www.socialsecurity.gov/employer or contact your Employer

www.socialsecurity.gov/employer or contact your Employe Services Liaison Officer (ESLO) at 510-970-8247.

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

