а	Control number	55555	Void	For Official Use Onl OMB No. 1545-0008							
b	Employer's identification	on number			1	Wages, tips, other compensa	ion	2	Guam	income	tax withheld
С	: Employer's name, add	ress, and ZIP code	е		3	Social security wages		4	Socia	I security	y tax withheld
					5	Medicare wages and tips		6	Medio	care tax	withheld
					7	Social security tips		8	Benef	its includ	ded in box 1
d	Employee's social secu	urity number			9	Advance EIC payment		10			
е	Employee's name (first	, middle initial, las	t)		11	Nonqualified plans		12			
					13	See Form W-3SS instructi	ons		Other		
f	Employee's address ar	nd ZIP code			15 Since the control of the contro	tatutory Pension mployee plan			shld. mp.	Subtotal	Deferred compensation
					•						

Guam Wage and Tax Statement Cat. No. 16026K

1995

Department of the Treasury—Internal Revenue Service

Copy A—For Social Security Administration

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

Do NOT Cut or Separate Forms on This Page

а	Control number	22222	Void									
				OMB No. 1545-0008								
b	Employer's identification	on number		1	Wages, tips, other compensation	n 2	G	uam income	tax withheld			
С	c Employer's name, address, and ZIP code					3 Social security wages 4 Social security tax v						
						Medicare wages and tips	6	M	ledicare tax v	vithheld		
			7	Social security tips	8	В	enefits includ	led in box 1				
d	Employee's social secu	urity number			9	Advance EIC payment	10					
е	e Employee's name, address, and ZIP code					Nonqualified plans	12					
					13			0				
					15 St er	atutory Pension nployee plan		Hshld emp.	f. Subtotal	Deferred compensation		

Department of the Treasury—Internal Revenue Service

Guam Wage and Tax Statement

1995

Copy 1—For Department of Revenue and Taxation

a Control number		OMB No. 1545-0008							
b Employer's identification		1 Wages, tips, other compensation 2 Guam income to						tax withheld	
c Employer's name, add	s name, address, and ZIP code			Social security	wages	4	Socia	al security	tax withheld
			5	Medicare wag	es and tips	6	Medi	care tax	withheld
			7	Social security	tips	8	Bene	fits includ	ded in box 1
d Employee's social sec	urity number		9	Advance EIC	payment	10			
e Employee's name, add	e Employee's name, address, and ZIP code			Nonqualified p	lans	12			
			13	See instruction Copy C	ns on back of	14	Othe	r	
			15 St er	atutory nployee	Pension plan		Hshld. emp.	Subtotal	Deferred compensation

Guam Wage and Tax Statement

1995

Copy B—To be filed with employee's Guam tax return

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Department of Revenue and Taxation.

a Control number								
		OMB No. 1545-0008						
b Employer's identification		1	Wages, tips, other comper	nsation	on 2 Guam income tax with			
c Employer's name, address, and ZIP code				Social security wages	Social security tax withheld			
			5	Medicare wages and tip	ps	6	Medicare tax	withheld
			7	Social security tips		8	Benefits include	ded in box 1
d Employee's social secu	urity number		9	Advance EIC payment		10		
e Employee's name, address, and ZIP code				Nonqualified plans	\neg	12		
			13	See instructions on bac	ck	14	Other	
			15 Sta	tutory Pension ployee plan		Hsh em		Deferred compensation

Guam Wage and Tax Statement Copy C—For EMPLOYEE'S RECORDS

1995

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Department of Revenue and Taxation.

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 1995 Guam income tax return. Please 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, Statement of Corrected Income and Tax Amounts, with the Social Security Administration (SSA) to correct any name, address, amount, or SSN error reported to the SSA on Copy A of Form W-2GU.

If you expect to owe self-employment tax of \$500 or more for 1996, you may have to make estimated tax payments. Use **Form 1040-ES**, Estimated Tax for Individuals.

Box 8.—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.

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

Box 11.—This amount is a distribution made to you from a nonqualified deferred compensation or section 457 plan and is

included in box 1. Or, it may be a contribution by your employer to a nonqualified deferred compensation plan that is included in box 3 and/or 5.

Box 13.—The following list explains the codes shown in box 13. You may need this information for your tax return.

A-Uncollected social security tax on tips

B—Uncollected Medicare tax on tips

C—Cost of group-term life insurance coverage over \$50,000

D—Elective deferrals to a section 401(k) cash or deferred arrangement

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

F—Elective deferrals to a section 408(k)(6) salary reduction SEP

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

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan

J—Sick pay not includible as income

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

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

P—Excludable moving expense reimbursement

Q—Military employee basic quarters and subsistence

Box 15.—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 13 (for all employers, and for all such plans to which you belong) are generally limited to \$9,240. 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.

Credit for Guam Income Tax Withheld.—If you are required to file your return with the United States or the Commonwealth of the Northern Mariana Islands, instead of with Guam, add the Guam income tax withheld to the other withholding tax credits on your income tax return.

Credit for Excess Social Security Tax.—
If more than one employer paid you wages during 1995 and more than the maximum social security 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, claim the excess credit on Form 1040.

а	Control number		Void									
				OMB No. 1545-0008								
b Employer's identification number						Wages, tips, o	other compensation	2	Guan	n income	tax withheld	
С	c Employer's name, address, and ZIP code					3 Social security wages 4 Social security tax						
					5 Medicare wages and tips 6 Medicare					care tax v	withheld	
						Social secur	ity tips	8 Benefits included in box 1				
d	Employee's social secu	urity number			9	Advance EIC	payment	10				
е	e Employee's name, address, and ZIP code				11	Nonqualified	plans	12				
							-3SS instructions	14				
					15 St er	atutory mployee	Pension plan		shld. mp.	Subtotal	Deferred compensation	

1995

Guam Wage and Tax Statement

Copy D—For employer

Department of the Treasury—Internal Revenue Service

Instructions for Preparing Form W-2GU

Who Must File.—Prepare Form W-2GU for each of your employees to whom any of the following items applied during 1995:

- $\boldsymbol{a}.$ 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, 1996, furnish Copies B and C to each person who was your employee

during 1995. For anyone who stopped working for you before the end of 1995, you may furnish them copies any time after employment ends. If the employee asks for Form W-2GU, furnish him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. You may also file Copy A with the Social Security Administration at the same time.

Where and When To File.—Send Copy A to the Social Security Administration, Data Operations Center, Wilkes-Barre, PA 18769, by February 29, 1996. (For more information, please see Form 941-SS and Circular SS.) Send Copy 1 to the Department of Revenue and Taxation.

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