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 2222 Void For Official OMB No. 15	•					
b Employer identification number	1 Wages, tips, other compensation					
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 Advance EIC payment 10 \$					
e Employee's first name and initial Last name	11 Nonqualified plans 12a See Form W-3SS instructions \$					
	13 Statutory Retirement Third-party sick pay					
	14 Other 12c \$					
	12d					
f Employee's address and ZIP code						
W-2VI U.S. Virgin Islands Wage and Tax Statement Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction Act						

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

Cat. No. 49977C

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, tips	s, other cor	npensation	2 VI inc	come tax withheld
c Employer's name, address, and	ZIP code			3	Social sec	urity wag	es	4 Socia	al security tax withheld
				5	Medicare	wages an	d tips	6 Medi	icare tax withheld
				7	Social sec	urity tips		8	
d Employee's social security num	ber			9	Advance E	EIC payme	ent	10	
e Employee's first name and initia	l Last name			11		ed plans		12a C O d e	
				13		Retirement plan	Third-party sick pay	12b C O d e	
				14	Other			12c	
								12d C O d e	
f Employee's address and ZIP co	ade								
II C	Virgin Islanda								

Form W-2VI U.S. Virgin Islands Wage and Tax Statement Copy 1—For VI Bureau of Internal Revenue

5003

Department of the Treasury—Internal Revenue Service

b Employer identification number 1 Wages, tips, other compensation 2 VI income tax withheld	- Cantual months			
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 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	a Control number	OMB No. 1545-0008		
by Medicare wages and tips Third-party complete comple	b Employer identification number		1 Wages, tips, other compensation	2 VI income tax withheld
d Employee's social security number 9 Advance EIC payment 10 10 12a See instructions for box 12 13 Statutory Refirement Third-party sick pay 12b 14 Other 12c 12d 12d 12d 12d	c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
d Employee's social security number 9 Advance EIC payment 10 10 1 Nonqualified plans 13 Statutory employee making plans making pla			5 Medicare wages and tips	6 Medicare tax withheld
e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for box 12 13 Statutory Retirement Plan Sick pay 14 Other 12b 12c 12d 12d 12d			7 Social security tips	8
13 Statutory Retirement Third-party sick pay 12b 14 Other 12c 12d 12d	d Employee's social security number		9 Advance EIC payment	10
14 Other 12c	e Employee's first name and initial Last name		11 Nonqualified plans	I C I
			13 Statutory Retirement Third-party sick pay	C
			14 Other	
f Employee's address and ZIP code				C
	f Employee's address and ZIP code			
				7

Form W-2VI U.S. Virgin Islands
Wage and Tax Statement
Copy B—To Be Filed With Employee's VI Tax Return

5003

Department of the Treasury—Internal Revenue Service

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

a Control number		OMB No. 1545-0008					
L		OND 100. 1343 0000	4 \	/ titi		2 1/1 :	
b Employer identification number			I V	Vages, tips, other	compensation	2 VI Inc	come tax withheld
c Employer's name, address, and	ZIP code		3 S	ocial security w	ages	4 Socia	l security tax withheld
			5 N	Medicare wages	and tips	6 Medio	care tax withheld
			7 S	ocial security tip	OS	8	
d Employee's social security numb	ber		9 A	dvance EIC pay	ment	10	
e Employee's first name and initia	I Last name			lonqualified plan		12a See in	nstructions for box 12
			13 Stat emp	utory Retirement plan	Third-party sick pay	12b C O d e	
			14 C	Other		12c	
						12d	
f Employee's address and ZIP co	de						
			<u> </u>	<u> </u>	<u> </u>	<u> </u>	

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

5003

Department of the Treasury—Internal Revenue Service

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 details.

Copies B and C; corrections. File Copy B of this form with your 2003 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 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 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 \$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

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—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)

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 2003 and more than \$5,394.00 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 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-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 co	ompensation	2 VI inc	ome tax withheld
c Employer's name, address, and	ZIP code			3	Social security wa	iges	4 Socia	I security tax withheld
				5	Medicare wages a	and tips	6 Media	care tax withheld
				7	Social security tipe	S	8	
d Employee's social security number	ber			9	Advance EIC payr	nent	10	
e Employee's first name and initia	l Last name			11			12a See F	Form W-3SS instructions
				13	Statutory Retirement plan	Third-party sick pay	12b C O d e	
				14	Other		12c	
							12d	
f Employee's address and ZIP co	ode							
. ,							*	
		<u> </u>		·/////		<u> </u>	<i></i>	

Form W-2VI
Copy D—For Employer

U.S. Virgin Islands 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-2VI

Who must file. File Form W-2VI for each employee to whom any of the following items applied during 2003:

- You withheld income tax or social security and Medicare taxes.
- You would have withheld income tax if the employee had not claimed more than one withholding allowance.
- 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.
- You made any advance EIC (earned income credit) payments.

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 any time after employment ends but by February 2, 2004. 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 March 1, 2004, 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, 2004. 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.

