## 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 publications listed above may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS publication number.

a Control number	55555	Void	For Official Use Onl OMB No. 1545-0008		
<b>b</b> Employer identification number				1 Wages, tips, other compensations	on 2 Guam 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	oer			9 Advance EIC payment \$	10
e Employee's first name and initia	Last name			11 Nonqualified plans \$	12a See Form W-3SS instructions
				13 Statutory employee Retirement plan Third-par sick pay	12b
				14 Other	12c
					12d
f Employee's address and ZIP co	de				
Form W-2GU Gui	am ge and Tax S	tatement	200	I •	tment 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. 16026K

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>b</b> Employer identification number				1	Wages, tips,	other com	pensation	2 G	uam i	ncome	tax w	vithheld	d
c Employer's name, address, and	ZIP code			3	Social secu	ırity wage	es .	4 Sc	cial :	securit	y tax v	vithhel	ld
				5	Medicare w	vages and	l tips	6 M	edica	re tax	withhe	eld	
				7	Social secu	ırity tips		8 //					
d Employee's social security number	ber			9	Advance El	C payme	nt	10					
e Employee's first name and initia	l Last name			11	'	d plans		<b>12a</b>					
				13		etirement lan	Third-party sick pay	12b					
				14	Other			12c					
								12d					
f Employee's address and ZIP co	de												

Form W-2GU Guam Wage and Tax Statement Copy 1—For Guam Department of Revenue and Taxation

5007

Department of the Treasury—Internal Revenue Service

a Control number		OMB No. 1545-0008											
<b>b</b> Employer identification number			1	Wages, ti	ps, other c	ompensa	tion	2 (	Guam	income	tax w	ithhelc	t
					'								
c Employer's name, address, and	ZIP code		3	Social se	ecurity wa	iges		4 9	Social	securit	y tax w	/ithhel	d
			5	Medicare	e wages a	and tips		6 1	Medica	are tax	withhe	ld	
			7	Social se	ecurity tip	S		8					
d Employee's social security number	ber		9	Advance	EIC payr	ment		10					
e Employee's first name and initia	l Last name				ified plans			12a S	See ins	struction	s on ba	ack of	сору С
			13 S	tatutory mployee	Retirement plan	Third-p sick pay	arty y	12b					
			14	Other				12c					
								<b>12d</b>					
f Employee's address and ZIP co	de												
<u></u>			(/////	<u> </u>	<u> </u>	<u> </u>		·///////	//////	·///////	<u> </u>	(//////	·/////////////////////////////////////

Form W-2GU Guam Wage and Tax Statement Copy B—To Be Filed With Employee's Guam Tax Return

5007

Department of the Treasury—Internal Revenue Service

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

a Control number  b Employer Identification number  c Employer's name, address, and ZIP code  d Employee's social security number  e Employee's social security number  e Employee's first name and initial  c Employee's first name and initial  c Employee's address and ZIP code  f Employee's address and ZIP code  1 Wages, tips, other compensation  2 Guam income tax withheld  5 Medicare wages and tips  6 Medicare tax withheld  7 Social security tips  8 ###################################							
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 ### Advance EIC payment  10 ### 12a See instructions on back  11 Nonqualified plans  12a See instructions on back  13 Statutory Retirement Third-party plan sack pay sack pay 12b  14 Other  12c 12d	a Control number		OMB No. 1545-0008				
by Medicare wages and tips  6 Medicare tax withheld  7 Social security tips  8 Medicare tax withheld  7 Social security tips  8 Medicare tax withheld  8 Indicare tax withheld  10 Indicare tax withheld  11 Nonqualified plans  12a See instructions on back  13 Statutory Retirement Third-party sick pay plan sick pay  14 Other  12c Indicare tax withheld  1 Indicare tax withheld	<b>b</b> Employer identification number			1 Wages, tips, other of	compensation	2 Guam	income tax withheld
d Employee's social security number  9 Advance EIC payment  10  11 Nonqualified plans  12a See instructions on back  13 Statutory employee remployee plan sick pay  14 Other  12d  12d  12d  12d	c Employer's name, address, and	ZIP code		3 Social security wa	ages	4 Social	security tax withheld
d Employee's social security number  9 Advance EIC payment  10  11 Nonqualified plans  12a See instructions on back  13 Statutory employee plan sick pay  14 Other  12c  12d  12d				5 Medicare wages	and tips	6 Medic	care tax withheld
e Employee's first name and initial  Last name  11 Nonqualified plans  12a See instructions on back  13 Statutory Retirement Third-party plan Sick pay  14 Other  12c  12d  12d  12d				7 Social security tip	os	8	
13 Statutory Retirement Third-party employee plan sick pay  14 Other  12c  12d  12d	d Employee's social security number	ber		9 Advance EIC pay	ment	10	
14 Other 12c	e Employee's first name and initia	l Last name	1	11 Nonqualified plan	S	C	nstructions on back
			1	13 Statutory employee Retirement plan	Third-party sick pay	Codd	
			1	14 Other			
f Employee's address and ZIP code						C I	
	f Employee's address and ZIP co	de					
						<i>\$</i>	

Form W-2GU Guam Wage and Tax Statement Copy C—For EMPLOYEE'S RECORDS

5007

Department of the Treasury—Internal Revenue Service

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

## 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 2001 Guam 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 2002, 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 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 any codes shown in box 12. You may need this information to complete 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(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 (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)

**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)

 ${\bf Q-\!M}{\rm illitary}$  employee basic housing, subsistence, and combat zone compensation (use this amount if you qualify for EIC)

R-Employer contributions to your medical savings account (MSA)

 $\mbox{S---}\mbox{Employee}$  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" checkbox is marked, special limits may apply to the amount of traditional IRA contributions you may deduct. Also, the elective deferrals in box 12 (codes D, E, F, G, H, and S) (for all employers, and for all such plans to which you belong) are generally limited to \$10,500. Elective deferrals for section 403(b) contracts are limited to \$10,500 (\$13,500 in some cases; see Pub. 571). Section 457(b) plans are limited to \$8,500. Amounts over these limits 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 you had more than one employer in 2001 and more than \$4,984.80 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-2GU 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>b</b> Employer identification number			1 Wages, tips, other compensation	2 Guam 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 Advance EIC payment	10
e Employee's first name and initial Last name			11 Nonqualified plans	12a See Form W-3SS instructions
			13 Statutory employee Plan Third-party sick pay	12b
			14 Other	12c
				12d
f Employee's address and ZIP code				

Form W-2GU
Copy D—For Employer

Guam 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-2GU

Who must file. File Form W-2GU for each employee to whom any of the following items applied during 2001:

- **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, 2002, furnish Copies B and C to each person who was your employee during 2001. For anyone who stopped working for you before the end of 2001, you may furnish them copies any time after employment ends but by January 31. If the employee asks for Form W-2GU,

furnish him or her 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-2GU and W-3SS under **Terminating a business** in the Form W-3SS instructions.

When to file. By February 28, 2002, send Copy A of Forms W-2GU and W-3SS to the Social Security Administration. However, if you file electronically (not by magnetic media), the due date is April 1, 2002. See Form W-3SS.

Reporting on magnetic media or electronically. If you must file 250 or more Forms W-2GU, you must file using magnetic media or electronically. For information, contact your Employee Service Liasion Officer (ESLO) at 510-970-8247.

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

