

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

a Control number		22222	Void <input type="checkbox"/>	For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number		1 Wages, tips, other compensation \$		2 Samoa 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		10	
e Employee's first name and initial		Last name		11 Nonqualified plans \$	
f Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See Form W-3SS instructions \$	
		14 Other		12b \$	
				12c \$	
				12d \$	

Form **W-2AS** American Samoa Wage and Tax Statement

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.

**2002**

(Rev. February 2002)

Cat. No. 10140H

Department of the Treasury—Internal Revenue Service

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

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

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e Employee's first name and initial      Last name		11 Nonqualified plans		12a	
		13 Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					

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		13 Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b
		14 Other	12c
			12d
f Employee's address and ZIP code			

Form **W-2AS** American Samoa  
Wage and Tax Statement  
Copy B—To Be Filed With Employee's American Samoa Tax Return

**2002**  
(Rev. February 2002)

Department of the Treasury—Internal Revenue Service

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

a Control number		OMB No. 1545-0008	
b Employer identification number		1 Wages, tips, other compensation	2 Samoa income tax withheld
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		13 Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b
		14 Other	12c
			12d
f Employee's address and ZIP code			

## Notice to Employee

File Copy B of this form with your 2002 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 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 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)

**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 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-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.*

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				12d
f Employee's address and ZIP code				

## 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 2002.

**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 to them any time after employment ends but by January 31. 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 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, 2003, send Copy A of Forms W-2AS 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-2AS, you must file using magnetic media or electronically. For information, contact your Employer Service Liaison Officer (ESLO) at 510-970-8247.

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

