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		For Official Use Only 1		
a control number	22222 Void	OMB No. 1545-0008		
b Employer identification number		ONE 140: 1010 0000	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	12a See Form W-3SS instructions
			\$	d \$
			13 Statutory Retirement Third-party employee plan Sick pay	12b
				\(\frac{0}{0}\)
			14 Other	12c
				12d
				\$
f Employee's address and ZIP code				
NAL DAC Ameri	ican Samoa	7007	Department	of the Treasury—Internal Revenue Service
Form W-2AS Wage	and Tax Statement	2002	For Pr	ivacy Act and Paperwork Reduction Act
Conv. A. For Social Socurity Admir			No	otice and instructions, see Form W-3SS.

 $Do \ Not \ Cut, \ Fold, \ or \ Staple \ Forms \ on \ This \ Page \ \\ -- \ Do \ Not \ Cut, \ Fold, \ or \ Staple \ Forms \ on \ This \ Page$

Cat. No. 10140H

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.

a Control number	55555	Void	OMB No. 1545-0008						
b Employer identification number				1	Wages, ti	ps, other co	ompensation	2 Sam	oa income tax withheld
c Employer's name, address, and	ZIP code			3	Social se	ecurity wag	ges	4 Soci	al security tax withheld
				5	Medicare	e wages ar	nd tips	6 Med	icare tax withheld
				7	Social se	ecurity tips	;	8	
d Employee's social security num	ber			9				10	
e Employee's first name and initia	l Last name			11	Nonqual	ified plans		12a	
				13	Statutory employee	Retirement plan	Third-party sick pay	12b	
				14	Other			12c	
								12d	
f Employee's address and ZIP co	ode								
Λ	orioon Comoo				,,,,,,,,,,,,				

Form W-2AS American Samoa Wage and Tax Statement



Department of the Treasury—Internal Revenue Service

Copy 1—For American Samoa Treasurer

a Control number		OMP N. 4545 0000										
		OMB No. 1545-0008										
b Employer identification number			1 V	Vages, tip	s, other co	mpensation	2	Samo	a incom	e tax w	ithheld	tt
c Employer's name, address, and	ZIP code		3 S	ocial se	curity wag	es	4	Socia	l securit	y tax wi	ithheld	
			5 N	/ledicare	wages an	d tips	6	Medic	are tax	withhel	d	
			7 S	ocial se	curity tips		8					
d Employee's social security number	per		9 1				10					
e Employee's first name and initia	l Last name				ied plans		12a	See in	struction	s on ba	ck of C	Copy C
			13 Stat	utory bloyee	Retirement plan	Third-party sick pay	12b					
			14 (ther			12c					
							12d					
f Employee's address and ZIP co	de											

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

Form W-2AS 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.

a Control number	
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 /////////////////////////////////////
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions on back
	13 Statutory Retirement Third-party employee plan Sick pay 12b
	14 Other 12c
	12d
f Employee's address and ZIP code	

Copy C—For EMPLOYEE'S RECORDS

Form W-2AS 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 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 any codes shown in box 12. You may need this information to complete your tax return. The elective deferrals (codes D, E, F, G, H, and S) are generally limited to \$11,000 (\$14,000 for section 403(b) plans in some cases, see Pub. 571). If you have more than one plan (e.g., from different employers), the limitation applies to all plans of the same type. If you are age 50 or over, you may make a catch-up contribution (\$500 for section 401(k) and 408(p) plans, \$1,000 for other plans). Include in income amounts over these limits and any catch-up contribution.

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)

 $\mbox{{\bf P--}}\mbox{{\bf Excludable}}$ moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

Q—Military employee basic housing, subsistence, and combat zone compensation

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. See box 12 for information on limits.

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.

a Control number	Void	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 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-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 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.

