## **Attention:**

This form is provided for informational purposes only. Copy A appears in red, similar to the official printed IRS form. But do not file Copy A downloaded from this website with the SSA. A penalty of \$50 per information return may be imposed for filing such forms that cannot be scanned.

To order official IRS forms, call 1-800-TAX-FORMS (1-800-829-3676) or order online at <u>Forms and Publications By U.S. Mail</u>.

You may file Forms W-2 and W-3 electronically on the SSA's website at <u>Employer Reporting Instructions & Information</u>. You can create fill-in versions of Forms W-2 and W-3 for filing with the SSA. You may also print out copies for filing with state or local governments, distribution to your employees, and for your records.

a Control number	55555	Void	For Official Use OMB No. 1545-0				
b Employer identification number (EIN)				1 Wages, tips, other compensation 2 Samoa income tax withheld			noa income tax withheld
c Employer's name, address, and ZIP code				3 Social security	cial security wages 4 Social security tax withheld		
				5 Medicare wag	ges and tips	6 Med	licare tax withheld
				7 Social security	y tips	8	
d Employee's social security num	ber			9		10	
e Employee's first name and initia	I Last name			11 Nonqualified p	plans	12a See	Form W-3SS instructions
				13 Statutory Retire plan	ement Third-party sick pay	12b C d e	
				14 Other		12c	
f Employee's address and ZIP co	ode					<b>12d</b> C 0 d e	
	nerican Samoa Ige and Tax S Idministration—Se	tatement	20(	]5	For Priva	cy Act and	ry—Internal Revenue Service d Paperwork Reduction Act tructions, see Form W-3SS.

page with Copy A of Form W-3SS to the Social Security Administration; photocopies are **not** acceptable.

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

Cat. No. 10140H

a Control number	25555	Void	OMB No. 1545-0	800			
b Employer identification number (EIN)					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 num	ber			9		10	
e Employee's first name and initia	I Last name			11	Nonqualified plans	<b>12a</b>	
				13	Statutory Retirement Third-party employee plan sick pay	12b	
				14	Other	12c	
f Employee's address and ZIP co	de					<b>12d</b>	

Form W-2AS Ameri Wage Copy 1—For American Samoa Treasurer

American Samoa Wage and Tax Statement

2005

Department of the Treasury-Internal Revenue Service

a Control number				
		OMB No. 1545-0008		
<b>b</b> Employer identification number (EIN)			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 initia	l Last name		11 Nonqualified plans	<b>12a</b> See instructions for box 12
			13 Statutory employee plan Third-party sick pay	
			14 Other	
f Employee's address and ZIP co	de			<b>12d</b>

Form W-2AS Copy B-To Be Filed With Employee's American Samoa Tax Return

American Samoa Wage and Tax Statement

2005

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>b</b> Employer identification number (EIN)			<b>1</b> 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 num	ber		9	10
e Employee's first name and initia	l Last name		11 Nonqualified plans	<b>12a</b> See instructions for box 12
			13 Statutory Retirement Third-party employee plan sick pay	12b
			14 Other	
f Employee's address and ZIP co	de			12d

Form W-2AS Amer Wage Copy C—For EMPLOYEE'S RECORDS

American Samoa Wage and Tax Statement

2005

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 2005 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 2006, 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(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) 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, and S) under all plans are generally limited to \$14,000 (\$17,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$14,000. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2005, your employer may have allowed an additional deferral of up to \$4,000 (\$2,000 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 line instructions for your tax return.

A-Uncollected social security tax on tips. Report on U.S Form 1040.

B-Uncollected Medicare tax on tips. Report on U.S. Form 1040.

 ${\rm C--}$  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(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 (information only, 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). Report on U.S. Form 1040.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). Report on U.S. Form 1040.

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

 ${\bf Q}{-\!\!\!\!-\!\!\!\!}$  Nontaxable Combat Pay. See your tax return instructions for details on reporting this amount.

R—Employer contributions to your Archer (MSA). Report on 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)

W—Employer contributions to your Health Savings Account. Report on Form 8889, Health Savings Accounts (HSAs).

Y-Deferrals under a section 409A nonqualified deferred compensation plan.

Z—Income under section 409A on a nonqualified deferred compensation plan. This amount is included in box 1. It is also subject to an additional tax reported on the return. See "Total Tax" in the instructions for your tax return.

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

Credit for excess social security tax. If you had more than one employer in 2005 and more than \$5,580.00 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-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. 1545-00	108	
b Employer identification number (EIN)					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 initia	l Last name			11 Nonqualified plans	12a See Form W-3SS instructions
					13 Statutory employee Plan Third-party sick pay	
					14 Other	
f	Employee's address and ZIP co	de				12d



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 2005.

**Distribution of copies.** By January 31, 2006, furnish Copies B and C to each person who was your employee during 2005. For anyone who stopped working for you before the end of 2005, you may furnish Copies B and C to them any time after employment ends but by January 31, 2006. 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 (SSA) 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, 2006, send Copy A of Forms W-2AS and W-3SS to the SSA. However, if you file electronically (not by magnetic media), the due date is March 31, 2006. 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, visit SSA's Employer Reporting Instructions and Information webpage at *www.socialsecurity.gov/employer* or contact your Employer

Services Liaison Officer (ESLO) at 510-970-8247. See Form W-3SS for more information on how to complete Form W-2AS.

