

a Control number	22222	Void <input type="checkbox"/>	OMB No. 1545-0008	For Paperwork Reduction Act Notice and instructions, see Form W-3SS.		
b Employer's 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 Benefits included in Box 1			
d Employee's social security number	9		10			
e Employee's name (first, middle initial, last)	11 Statutory employee <input type="checkbox"/>		Pension plan <input type="checkbox"/>	942 employee <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>
	12 See Form W-3SS instructions		13 Other			
	Copy 1—For American Samoa Treasurer					
f Employee's address and ZIP code						

Form **W-2AS American Samoa Wage and Tax Statement 1993** Cat. No. 10140H Department of the Treasury Internal Revenue Service

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b Employer's identification number	1 Wages, tips, other compensation		2 Samoa income tax withheld			
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	Copy A—For Social Security Administration				
f Employee's address and ZIP code					

Form **W-2AS American Samoa Wage and Tax Statement 1993**

Department of the Treasury
Internal Revenue Service



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Form **W-2AS American Samoa Wage and Tax Statement 1993**

Department of the Treasury
Internal Revenue Service

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Form **W-2AS American Samoa Wage and Tax Statement 1993**

Department of the Treasury
Internal Revenue Service

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f Employee's address and ZIP code				12	13 Other
				Copy B—To be filed with employee's American Samoa tax return	

Form **W-2AS American Samoa Wage and Tax Statement 1993**

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Internal Revenue Service

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Form **W-2AS American Samoa Wage and Tax Statement 1993**

Department of the Treasury
Internal Revenue Service

Notice to Employee

File Copy B of this form with your 1993 American Samoa income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. 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**, Statement of Corrected Income and Tax Amounts, with the Social Security Administration (SSA) to correct any name, amount, or number error reported to SSA on Copy A of the Form W-2AS.

Box 8.—This amount has already been included as wages in box 1. Do not add this amount to box 1. If there is an amount in this box, you may be able to deduct expenses that are related to fringe benefits; see the instructions for your income tax return.

Box 11.—If the "Pension plan" box is marked, special limits may apply to the amount of IRA contributions you may deduct on your return. If the "Deferred

compensation" box is marked, then the elective deferrals shown in box 12 (for all employers, and for all such plans to which you belong) are generally limited to \$8,728. Elective deferrals for section 403(b) contracts are limited to \$9,500 (\$12,500 in limited circumstances, see Pub. 571). Amounts over that must be included in income. **Caution:** *The elective deferral dollar limitation of \$8,728 under section 402(g) is subject to change for 1993.*

Credit for Excess Social Security and Medicare Taxes.—If more than one employer paid you wages during 1993 and more than the maximum social security tax or Medicare tax was withheld, you can 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, however, you should claim the excess credit on Form 1040.)

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			Copy D—For employer					
f Employee's address and ZIP code								

Form **W-2AS American Samoa Wage and Tax Statement 1993**

Department of the Treasury
Internal Revenue Service

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Form **W-2AS American Samoa Wage and Tax Statement 1993**

Department of the Treasury
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Instructions for Preparing Form W-2AS

Note: *A minimum income tax of 2% must be withheld on wages and other compensation.*

Prepare a Form W-2AS for each employee from whom Samoa income tax or U.S. social security and Medicare taxes were withheld or required to be withheld during 1993.

Note: *There are major changes to the format of Form W-2AS.*

By January 31, 1994, furnish Copies B and C to each person who was your employee during 1993. For anyone who stopped working for you before the end of 1993, you may furnish them copies any time

after employment ends. If the employee asks for Form W-2AS, furnish him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration, Data Operations Center, Wilkes-Barre, PA 18769, by February 28, 1994. (For more information, please see Form 941-SS and Circular SS.) Send Copy 1 to the American Samoa Tax Office.

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

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