Attention:

This form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. Do **not** file copy A downloaded from this website with the SSA. The official printed version of this IRS form is scannable, but the online version of it, printed from this website, is not. A penalty may be imposed for filing forms that can't be scanned. See the penalties section in the current General Instructions for Forms W-2 and W-3 for more information.

To order official IRS forms, call 1-800-TAX-FORM (1-800-829-3676) or Order Information Returns and Employer Returns Online, and we'll mail you the scannable forms and other products.

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

See IRS Publications 1141, 1167, 1179 and other IRS resources for information about printing these tax forms.

55555	Void	a Employee's social security number	For Official U		
b Employer identification number (EIN)			Wages, tips, other compensation	2 VI 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 Control number			9	10	
e Employee's first	name and initial	Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12
				13 Statutory employee Plan Third-party sick pay	12b
				14 Other	12c C
f Employee's addr	ess and ZIP code				12d

W-2VI U.S. Virgin Islands
Wage and Tax Statement



Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act
Notice, see the separate instructions.

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.

Cat. No. 49977C

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

55555	Void	a Employee's social security number	OMB No. 154	5-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 VI 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 Control number				9	10
e Employee's first	name and initial	Last name	Suff.	11 Nonqualified plans	12a
				13 Statutory employee Plan Third-party sick pay	12b
				14 Other	12c
f Employee's addre	ess and ZIP cod	le			12d

Form W-2VI U.S. Virgin Islands Wage and Tax Statement

5017

Department of the Treasury-Internal Revenue Service

Copy 1-For VI Bureau of Internal Revenue

a Employee's social security number	1		
a Employee's social security number	OMB No. 154	5-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 VI 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 Control number		9	10
e Employee's first name and initial Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee Retirement plan Sick pay	12b
		14 Other	12c
f Employee's address and ZIP code			12d

Form W-2VI U.S. Virgin Islands Wage and Tax Statement

Copy B-To Be Filed With Employee's VI Tax Return



Department of the Treasury-Internal Revenue Service

This information is being furnished to the VI Bureau of Internal Revenue.

	a Employee's social security number			
		OMB No. 154	5-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 VI 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 Control number			9	10
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12
			13 Statutory employee Retirement plan Sick pay	12b
			14 Other	12c
f Employee's address and ZIP cod	е			12d

Form W-2VI U.S. Virgin Islands Wage and Tax Statement
Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

5017

Department of the Treasury-Internal Revenue Service

This information is being furnished to the VI Bureau of Internal Revenue.

	a Employee's social accurates number			
Void	a Employee's social security number	OMB No. 154	45-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 VI 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 Control number			9	10
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12
			13 Statutory employee Plan Third-party sick pay	12b
			14 Other	12c
f Employee's address and ZIP cod	le			12d C C C C C C C C C C C C C C C C C C C

Copy D-For Employer

Form W-2VI U.S. Virgin Islands Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.