



1 Control number		2 2 2 2 2	OMB No. 1545-0008	For Paperwork Reduction Act Notice and instructions, see Form W-3SS.				
2 Employer's name, address, and ZIP code				3 Employer's identification number		4 		
				5 Statutory employee <input type="checkbox"/> Pension plan <input type="checkbox"/> 942 employee <input type="checkbox"/>		Subtotal <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>	Void <input type="checkbox"/>
				6 (See Form W-3SS instructions.)		7 		
8 Employee's social security number		9 Samoa income tax withheld		10 Wages, tips, other compensation		11 Social security tax withheld		
12a Employee's name (first, middle, last)				13 Social security wages		14 Social security tips		
12b Employee's address and ZIP code				15 Medicare wages and tips		16 Medicare tax withheld		
				17 Employer's use		18 Benefits included in Box 10		
				Copy 1—For American Samoa Treasurer				

Form **W-2AS American Samoa Wage and Tax Statement 1992** Cat. No. 10140H Department of the Treasury Internal Revenue Service

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