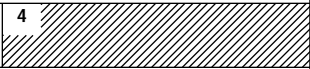




<b>1</b> Control number		2 2 2 2 2	OMB No. 1545-0008	For Paperwork Reduction Act Notice and Instructions, see Form W-3SS.					
<b>2</b> Employer's name, address, and ZIP code				<b>3</b> Employer's identification number		<b>4</b> 			
				<b>5</b> Statutory employee <input type="checkbox"/>	Pension plan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

Form **W-2GU** **Guam Wage and Tax Statement 1992**

Cat. No. 16026K

Department of the Treasury  
Internal Revenue Service

**Do NOT Cut or Separate Forms on This Page**