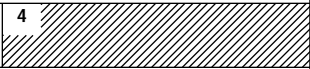


1 Control number		2 2 2 2 2	OMB No. 1545-0008	For Paperwork Reduction Act Notice and Instructions, see Form W-3SS.					
2 Employer's name, address, and ZIP code				3 Employer's identification number		4 			
				5 Statutory employee <input type="checkbox"/>	Pension plan <input type="checkbox"/>	942 employee <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>	Void <input type="checkbox"/>
				6 (See Form W-3SS instructions.)		7 Advance EIC payment			
8 Employee's social security number		9 VI 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 A—For Social Security Administration					

Form **W-2VI** U.S. Virgin Islands Wage and Tax Statement 1992 Cat. No. 49977C Department of the Treasury Internal Revenue Service

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