

a Control number	22222	Void <input type="checkbox"/>	For Official Use Only ► OMB No. 1545-0008				
b Employer's identification number	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 Benefits included in box 1				
d Employer's social security number	9 Advance EIC payment		10				
e Employer's name (first, middle initial, last)	11 Nonqualified plans		12				
..... f Employee's address and ZIP code	13 See Form W-3SS instructions		14 Other				
	15 Statutory employee <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>		

Form W-2VI U.S. Virgin Islands Wage and Tax Statement **1995**
 Copy A—For Social Security Administration

Cat. No. 49977C Department of the Treasury—Internal Revenue Service
 For Paperwork Reduction Act Notice and instructions, see Form W-3SS.

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