

1 Control number		22222		For Official Use Only ► OMB No. 1545-0008	
2 Employer's name, address, and ZIP code			3 Employer's identification number		4
			5 Statutory employee Pension plan 942 employee		Subtotal Deferred compensation Void
			☐ ☐ ☐		☐ ☐ ☐
6*			7		
8 Employee's social security number	9 Samoa income tax withheld	10 Wages, tips, other compensation		11 Social security tax withheld	
12 Employee's name (first, middle, last)		13 Social security wages		14 Social security tips	
15 Employee's address and ZIP code		16 Employer's use		16a Fringe benefits included in Box 10	
		Copy 1—For American Samoa Treasurer. *For instructions, see Form W-3SS. For Paperwork Reduction Act Notice, see Form W-3SS.			

Form **W-2AS**

American Samoa Wage and Tax Statement 1990

Department of the Treasury
Internal Revenue Service

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1 Control number		22222		OMB No. 1545-0008	
2 Employer's name, address, and ZIP code			3 Employer's identification number		4
			5 Statutory employee Pension plan 942 employee ☐ ☐ ☐		Subtotal Deferred compensation Void ☐ ☐ ☐
			6		7
8 Employee's social security number		9 Samoa income tax withheld		10 Wages, tips, other compensation	
12 Employee's name, address, and ZIP code			13 Social security wages		14 Social security tips
			16 Employer's use		16a Fringe benefits included in Box 10
			Copy A—For Social Security Administration		

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1 Control number		OMB No. 1545-0008			
2 Employer's name, address, and ZIP code		3 Employer's identification number		4	
		5 Statutory employee Pension plan 942 employee		Subtotal Deferred compensation Void	
		6		7	
8 Employee's social security number	9 Samoa income tax withheld	10 Wages, tips, other compensation		11 Social security tax withheld	
12 Employee's name, address, and ZIP code		13 Social security wages		14 Social security tips	
		16 Employer's use		16a Fringe benefits included in Box 10	
		Copy B—To be filed with employee's American Samoa tax return This information is being furnished to Tax Dept., American Samoa Gov't.			

Form **W-2AS**

American Samoa Wage and Tax Statement 1990

Department of the Treasury
Internal Revenue Service

1 Control number		OMB No. 1545-0008					
2 Employer's name, address, and ZIP code		3 Employer's identification number		4			
		5 Statutory employee	Pension plan	942 employee	Subtotal	Deferred compensation	Void
		☐	☐	☐	☐	☐	☐
12 Employee's name, address, and ZIP code		6		7			
		8 Employee's social security number		9 Samoa income tax withheld			
		10 Wages, tips, other compensation		11 Social security tax withheld			
12 Employee's name, address, and ZIP code		13 Social security wages		14 Social security tips			
		16 Employer's use		16a Fringe benefits included in Box 10			
		Copy C—For EMPLOYEE'S RECORDS This information is being furnished to Tax Dept., American Samoa Gov't.					

Form **W-2AS**

American Samoa Wage and Tax Statement 1990

Department of the Treasury
Internal Revenue Service

Notice to Employee

File Copy B of this form with your 1990 American Samoa income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B and C and tell your employer.

Box 5.—If the “Pension plan” box is marked, special limits may apply to the amount of IRA contributions you may deduct on your return. If the “Deferred compensation” box is marked, then the elective deferrals shown in Box 6 (for all employers, and for all such plans to which you belong) is generally limited to \$7,627 (\$9,500 for certain section 403(b) contracts). Amounts over that must be included in income. **Caution:** *The elective deferral dollar limitation of \$7,627 under section 402(g) is subject to change for 1990.*

If there is an amount in Box 16a, your employer has already included the value of these taxable fringe benefits in your wages (Box 10). You may be able to deduct related expenses; see the instructions for your income tax return.

Credit for Social Security Tax.—If more than one employer paid you wages during 1990 and more than the maximum social security employee tax was withheld, you can have the excess refunded by filing **Form 843**, Claim, with the IRS Service Center in Philadelphia. (If you must file Form 1040 with the United States, however, you should claim the excess credit on the Form 1040.) The social security rate of 7.65% includes 1.45% for hospital insurance benefits and 6.2% for retirement, survivors, and disability insurance.

1 Control number		OMB No. 1545-0008							
2 Employer's name, address, and ZIP code				3 Employer's identification number		4			
				5 Statutory employee ☐	Pension plan ☐	942 employee ☐	Subtotal ☐	Deferred compensation ☐	Void ☐
				6		7			
8 Employee's social security number		9 Samoa income tax withheld		10 Wages, tips, other compensation		11 Social security tax withheld			
12 Employee's name, address, and ZIP code				13 Social security wages		14 Social security tips			
				16 Employer's use		16a Fringe benefits included in Box 10			
				Copy D—For employer					

Form **W-2AS**

American Samoa Wage and Tax Statement 1990

Department of the Treasury
Internal Revenue Service

Instructions for Preparing Form W-2AS

Note: *A minimum income tax of 2% must be withheld on wages and other compensation.*

Prepare a Form W-2AS for each employee from whom Samoa income tax or U.S. social security tax was withheld or required to be withheld during 1990.

By January 31, 1991, give Copies B and C to each person who was your employee during 1990. For anyone who stopped working for you before the end of 1990, you may give copies any time after

employment ends. If the employee asks for Form W-2AS, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A along with Form W-3SS and Copy 1 to the American Samoa Tax Office by February 28, 1991. (For more information, please see Form 941SS and Circular SS or inquire at the Tax Office.)

See the instructions for Form W-3SS for more information on how to complete Form W-2AS.