

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Samoa 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	
d Control number			9		10	
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	

Form **W-2AS** **American Samoa**
Wage and Tax Statement **2013**

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act
Notice, see the separate instructions.

Copy A For Social Security Administration—Send this entire page with Copy A of
Form W-3SS to the Social Security Administration; photocopies are **not** acceptable.

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