

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 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	
d Control number			9 Advance EIC payment	10	
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12a See the separate instructions	
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-2VI** **U.S. Virgin Islands** **2010**
Wage and Tax Statement

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.

Cat. No. 49977C

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page