

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 36-1004130 **2019** Department of the Treasury—Internal Revenue Service
Wage and Tax Statement For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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