

22222		Void <input type="checkbox"/>	a Employee's social security number	<b>For Official Use Only ▶</b> 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	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-2VI** U.S. Virgin Islands 36-1004130 **2020** Wage and Tax Statement Department of the Treasury—Internal Revenue Service  
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