	1								
a Employee's social security number									
	OMB No. 154	545-0029							
<b>b</b> Employer identification number (EIN)		1	Wages, tips, other compensation	2 VI income tax withheld					
		İ		ı					
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 name, address, and ZIP code	Suff.	11	Nonqualified plans	12a	See instructions for box 12				
		13	Statutory Retirement Third-party employee plan Third-party sick pay	12b					
		14	Other	12c	;				
				12c					
				·					

Form W-2VI U.S. Virgin Islands Wage and Tax Statement
Copy B-To Be Filed With Employee's VI Tax Return

2025

Department of the Treasury-Internal Revenue Service

This information is being furnished to the V.I. Bureau of Internal Revenue.

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ја Етрі	oyee's social security number	OMB No. 1545-0029							
<b>b</b> Employer identification number (EIN)		<b>1</b> Wa	ges, tips, other o	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				
			<b>7</b> So	cial security tip	S	8			
d Control number			9			10			
e Employee's name, address, and ZIP code Suff.		11 Nonqualified plans			<b>12a</b> See	instructions for box 12			
			13 Stat	utory Retireme	ent Third-party sick pay	<b>12b</b>			
			<b>14</b> Oth	er		12c			
						<b>12d</b> C c d e			