

a Control number	22222	Void <input type="checkbox"/>	For Official Use Only ► OMB No. 1545-0008		
b Employer identification number			1 Wages, tips, other compensation	2 Guam 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 Benefits included in box 1	
d Employee's social security number			9 Advance EIC payment	10	
e Employee's name (first, middle initial, last)			11 Nonqualified plans	12	
			13 See Form W-3SS instructions	14 Other	
f Employee's address and ZIP code			15 Statutory employee <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>

Form **W-2GU** **Guam Wage and Tax Statement**

Cat. No. 16026K **1998**

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice and instructions, see Form W-3SS.

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

Do NOT Cut, Staple, or Separate Forms on This Page

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	7 Social security tips		8 Benefits included in box 1		
d Employee's social security number	9 Advance EIC payment		10		
e Employee's name, address, and ZIP code	11 Nonqualified plans		12		
	13		14 Other		
	15 Statutory employee <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>		

Form **W-2GU** **Guam Wage and Tax Statement** **1998**
 Copy 1—For Guam Department of Revenue and Taxation

Department of the Treasury—Internal Revenue Service

a Control number	OMB No. 1545-0008		
b Employer identification number	1 Wages, tips, other compensation	2 Guam 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 Benefits included in box 1	
d Employee's social security number	9 Advance EIC payment	10	
e Employee's name, address, and ZIP code	11 Nonqualified plans	12	
	13 See instructions on back of Copy C	14 Other	
	15 Statutory employee <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>

Form **W-2GU** **Guam Wage and Tax Statement** **1998**
 Copy B—To Be Filed With Employee's Guam Tax Return

Department of the Treasury—Internal Revenue Service
 This information is being furnished to the
 Guam Department of Revenue and Taxation.

a Control number	OMB No. 1545-0008		
b Employer identification number	1 Wages, tips, other compensation	2 Guam income tax withheld	
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	7 Social security tips	8 Benefits included in box 1	
d Employee's social security number	9 Advance EIC payment	10	
e Employee's name, address, and ZIP code	11 Nonqualified plans	12	
	13 See instructions on back	14 Other	
	15 Statutory employee <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>

Form **W-2GU** **Guam Wage and Tax Statement**
 Copy C—For EMPLOYEE'S RECORDS

1998

Department of the Treasury—Internal Revenue Service
 This information is being furnished to the
 Guam Department of Revenue and Taxation.

Notice to Employee

You must file a tax return regardless of your income if any amount is shown in box 9, Advance EIC (earned income credit) payment. If you qualify, you can get the earned income credit in advance by filing Form W-5. See Pub. 596 for more details.

File Copy B of this form with your 1998 Guam income tax return. Keep Copy C for your records. If your name, social security number (SSN), or address is incorrect, correct Copies B and C, and ask your employer to correct your employment record. Be sure to ask the employer to file **Form W-2c**, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, amount, or SSN error reported to the SSA on Copy A of Form W-2GU.

If you expect to owe self-employment tax of \$1,000 or more for 1999, you may have to make estimated tax payments to the U.S. IRS. Use **Form 1040-ES**, Estimated Tax for Individuals.

Box 8. If there is an amount in this box, you may be able to deduct expenses that are related to fringe benefits; see the instructions for your income tax return.

Box 9. Enter this amount on the advance earned income credit payments line of your tax return.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or section 457 plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457 plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

Box 13. The following list explains the codes shown in box 13. You may need this information for your tax return.

A—Uncollected social security tax on tips

B—Uncollected Medicare tax on tips

C—Cost of group-term life insurance coverage over \$50,000 (included in box 1)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals to a section 408(k)(6) salary reduction SEP

G—Elective and nonelective deferrals to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (You may be able to deduct.)

J—Nontaxable sick pay (not includible as income)

M—Uncollected social security tax on cost of group-term life insurance coverage over \$50,000 (former employees only)

N—Uncollected Medicare tax on cost of group-term life insurance coverage over \$50,000 (former employees only)

P—Excludable moving expense reimbursements paid directly to employee (not included in box 1)

Q—Military employee basic quarters, subsistence, and combat zone compensation

R—Employer contributions to your medical savings account (MSA)

S—Employee salary reduction contributions to a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1).

Box 15. If the "Pension plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. If the "Deferred compensation" box is checked, the elective deferrals shown in box 13 (codes D, E, F, G, H, and S) (for all employers, and for all such plans to which you belong) are generally limited to \$10,000. Elective deferrals for section 403(b) contracts are limited to \$10,000 (\$13,000 in some cases; see Pub. 571). Amounts over these limits must be included in income.

Credit for Guam income tax withheld. If you are required to file your return with the United States or the Commonwealth of the Northern Mariana Islands, instead of with Guam, add the Guam income tax withheld to the other withholding tax credits on your income tax return.

Credit for excess social security tax. If more than one employer paid you wages during 1998 and more than the maximum social security tax was withheld, you may have the excess refunded by filing **Form 843**, Claim for Refund and Request for Abatement, with the Internal Revenue Service Center in Philadelphia. If you must file Form 1040 with the United States, claim the excess credit on Form 1040.

Note: Keep Copy C for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. SSA suggests you confirm your work record with them from time to time.

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Form **W-2GU** **Guam Wage and Tax Statement**
 Copy D—For Employer

1998

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice and instructions, see Form W-3SS.

Instructions for Preparing Form W-2GU

Changes to note. Two checkboxes in box 15 eliminated. Two checkboxes were removed from box 15. The "Hshld. emp." box was removed because all household employers are now required to file Form W-3SS with Form W-2GU. Form W-3SS contains a household employer designation. Also, the "Subtotal" box was removed. You are no longer required to subtotal your Forms W-2GU when submitting 42 or more forms.

Who must file. Prepare Form W-2GU for each of your employees to whom any of the following items applied during 1998:

- a. You withheld income tax or social security and Medicare taxes.
- b. You would have withheld income tax if the employee had not claimed more than one withholding allowance.
- c. You paid any amount for services if you are in a trade or business. Include the cash value of any payment you made that was not in cash.
- d. You made any advance EIC (earned income credit) payments.

Distribution of copies. By February 1, 1999, furnish Copies B and C to each person who was your employee during 1998. For anyone who stopped working for you before the end of 1998, you may furnish them copies any time after employment ends but by February 1. If the employee asks for Form W-2GU, furnish him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. You may also file Copy A and **Form W-3SS**, Transmittal of Wage and Tax Statements, with the Social Security Administration at the same time.

Note: *If you terminate your business, see the rules on furnishing and filing Forms W-2GU and W-3SS under **Employers terminating a business in the Form W-3SS instructions.***

When to file. By March 1, 1999, send Copy A of Forms W-2GU and W-3SS to the Social Security Administration. See Form W-3SS.

Reporting on magnetic media. If you must file 250 or more Forms W-2GU, you must file using magnetic media. For information, contact the Magnetic Media Coordinator at 415-744-4559.

See Form W-3SS for more information on how to complete Form W-2GU.

