

**Virgin Islands Bureau of Internal Revenue
W-2VI / W-3SS/ 1099 / 1096 FORMS REQUEST**

TAX YEAR ENDING 12/31/2018

1. EMPLOYER'S NAME	2. EMPLOYER IDENTIFICATION NO. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
3. ADDRESS TELEPHONE #: (_____)_____-_____	4. NUMBER OF FORMS REQUESTED: W-2VI _____ (each) W-3SS _____ (each) 1099-MISC _____ (each) 1096 _____ (each) OTHER 1099 SERIES: _____ (each) _____ (each)																				
5. NAME OF AUTHORIZED PERSON <i>(Please Print)</i>	6. SIGNATURE																				
<p><i>Under penalty of perjury, I declare that I am the employer or authorized agent thereof, and the information contained in this request for W-2VIs is accurate.</i></p>																					

Purpose Complete and submit this form to the Virgin Islands Bureau of Internal Revenue to obtain blank forms W-2VI, W-3SS, 1096 and 1099 Series to be completed by the employer, or authorized agent of the employer, and provided to the employees and/or non-wage employees by January 31, 2019.

Instructions

Box 1. Print the name of the employer that will be issuing the forms requested. Include your d/b/a if applicable.

Box 2. Print/type the Employer Identification Number of the Employer in Box 1.

Box 3. Print/type the mailing address and telephone number of the Employer.

Box 4. Indicate next to the form type number of forms requested.

Box 5. Print/type the name of the Authorized Person requesting the forms for the Employer.

Box 6. Include the signature of the Authorized Person named in Box 5.