

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

TAX YEAR ENDING 12/31/2020

1. EMPLOYER'S NAME: 	2. EMPLOYER IDENTIFICATION NO.: <table border="1" style="width: 100%; height: 30px; 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> </tr> </table>										
3. ADDRESS: TELEPHONE NO: (_____) _____ - _____	4. NUMBER OF FORMS REQUESTED: <i>W-2VI</i> _____ (<i>each</i>) <i>W-3SS</i> _____ (<i>each</i>) <i>1099-MISC</i> _____ (<i>each</i>) <i>1096</i> _____ (<i>each</i>) OTHER 1099 SERIES: _____ (<i>each</i>) _____ (<i>each</i>)										
5. NAME OF AUTHORIZED PERSON (Please Print):	6. SIGNATURE:										
<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>											

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 February 1, 2021.

<h3 style="margin: 0;">Instructions</h3> <p>Box 1. Print the name of the employer that will be issuing the forms requested. Include your d/b/a if applicable.</p> <p>Box 2. Print/type the Employer Identification Number of the Employer in Box 1.</p> <p>Box 3. Print/type the mailing address and telephone number of the Employer.</p> <p>Box 4. Indicate next to the form type number of forms requested.</p> <p>Box 5. Print/type the name of the Authorized Person requesting the forms for the Employer.</p> <p>Box 6. Include the signature of the Authorized Person named in Box 5.</p>
