

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

TAX YEAR ENDING 12/31/2021

1. EMPLOYER'S NAME: 	2. EMPLOYER IDENTIFICATION NO.: <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>										
3. ADDRESS: TELEPHONE NO: (____)____-____	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 (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 January 31, 2022.

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.