

**Virgin Islands Bureau of Internal Revenue**  
**W-2VI / W-3SS/ 1099 / 1096 FORMS REQUEST**  
**TAX YEAR ENDING 12/31/2011**

1. EMPLOYER'S NAME	2. EMPLOYER IDENTIFICATION NO.  <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; 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												
<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, 2012.

<b>Instructions</b>
<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>