# Virgin Islands Bureau of Internal Revenue
## W-2VI / W-3SS/ 1099 / 1096 FORMS REQUEST
## TAX YEAR ENDING 12/31/2009

| 1. EMPLOYER'S NAME | 2. EMPLOYER IDENTIFICATION NO. |
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| | ☐☐–☐☐☐☐☐☐☐ |
| 3. ADDRESS<br><br>TELEPHONE #: (_____)_____-_____ | 4. NUMBER OF FORMS REQUESTED:<br>W-2VI _____ W-3SS _____<br>1099-MISC _____ 1096 _____<br>OTHER 1099 SERIES:<br>_____ _____ |
| 5. NAME OF AUTHORIZED PERSON *(Please Print)* | 6. SIGNATURE |
| *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.* | |

**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, 2010.

## 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.