



Division of Revenue and Taxation
Commonwealth of the Northern Mariana Islands
ANNUAL RECONCILIATION OF TAXES WITHHELD



CY 2008

(Please type or print in ink)

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A Employer name		C Federal employer identification no.		D CNMI employer identification no.	
B Mailing address and ZIP code		E Person to contact		F Telephone no. ()	
1 Totals per Quarterly Returns	1A CHAPTER 2 Tax Withheld	1B CHAPTER 7 Tax Withheld	1C TOTAL Tax Withheld	1D TOTAL Tax Paid	1E Wages and Salaries
a) 1st Quarter ▶					
b) 2nd Quarter ▶					
c) 3rd Quarter ▶					
d) 4th Quarter ▶					
e) Subtotal (a thru d) ▶					
2a Total per W-2CM ▶					
b Difference ▶					
3 No. of W-2CM attached to Form OS-3710 ▶					
4 Are you filing magnetically? <input type="checkbox"/> Yes <input type="checkbox"/> No					
FOR OFFICIAL USE ONLY					
Date filed *	Date paid	Receipt no.	Charges		
No. of W-2CM filed		Verified by	Exemptions/Remarks		

* If received after the due date, show postmark.

IMPORTANT: Filing due date is February 27, 2009.

See W-2CM Supplemental instruction for instructions and penalty information.

Form OS-3710 (Rev. 2008)