Notice:

This form is provided for informational purposes only. For more information, please call 670-664-1000.

VOID	a Employ	ee's social security nun	For Revenue and Taxation use only					
b Employer identification number (EIN)				1 Wages, tips, other compensation 2 Income tax withheld (NMTIT chapter 7)				
c Employer's name, address, and ZIP code				3 Social security wages 4 Social security tax withheld				
				5 Medicare wages and tips 6 Medicare tax with			are tax withheld	
			7 Social security tips 8 Allocated tips			ted tips		
d Control number (Serial number)				9 Advance EIC par	yment	10 Dependent care benefits		
e Employee's first name and initial Last name Suff.				11 Nonqualified plans		12a See	e instructions for box 12.	
f Employee's address and	d ZIP code			13 Statutory Retire employee plan	sick pay	12b Code	\$	
				14a Other	14b	12c Code	\$	
						12d Code	\$	
15 CNMI Tax ID number	16 Wages and salary (CNMI)	17 Wage & salary tax v (chapter 2)	withheld	A Location code B Days out of the C Citizenship code CNMI		iship code		
				D NAICS	E SOC	F Entry (permit no.	

Form W-2CM Wage and Tax Statement 2008
Copy 1 For Division of Revenue and Taxation

a Employee's social security number			For Revenue and Taxation use only					
b Employer identification number (EIN)				1 Wages, tips, other compensation				
c Employer's name, address, and ZIP code				4 Social security tax withheld				
				6 Medicare tax withheld				
	7 Social security tips		8 Allocated tips					
	9 Advance EIC payment		10 Dependent care benefits					
Suff.	11 Nonqualified plans		12a Secode	e instructions for box 12.				
	13 Statutory Retirer employee plan	ment Third-party sick pay	12b Code	\$				
	14a Other	14b		\$				
			12d Code	\$				
		Taxation use only 1 Wages, tips, oth 3 Social security w 5 Medicare wages 7 Social security ti 9 Advance EIC pay Suff. 11 Nonqualified play 13 Statutory Retirence mployee plan	Taxation use only 1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 Advance EIC payment Suff. 11 Nonqualified plans 13 Statutory Retirement Third-party employee plan sick pay	Taxation use only 1 Wages, tips, other compensation 3 Social security wages 4 Social 5 Medicare wages and tips 6 Medicare wages and tips 7 Social security tips 8 Allocates 9 Advance EIC payment 10 Deptode Suff. 11 Nonqualified plans 12a Secode 13 Statutory Retirement Third-party employee plan sick pay Code				

Form W-2CM Wage and Tax Statement 2008
Copy A For Social Security Administration

VOID		a Employee's social security number		For Revenue and Taxation use only					
b Employer identification number (EIN)					1 Wages, tips, other compensation 2 Income tax withheld (NMTIT chapter 7)				
c Employer's name, address, and ZIP code				3 Social security v	vages	4 Socia	4 Social security tax withheld		
				5 Medicare wages and tips		6 Medicare tax withheld			
					7 Social security tips		8 Allocated tips		
d Control number (Serial number)					9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name Suff.				Suff.	11 Nonqualified plans		12a Se Code	e instructions for box 12.	
f Employee's address and ZIP code					13 Statutory Retirement Third-party employee plan sick pay		12b Code \$		
					14a Other	14b	12c Code	\$	
							12d Code	\$	
15 CNMI Tax ID number	16 Wages and sa	lary (CNMI)	17 Wage & salary tax (chapter 2)	withheld	A Location code B Days out of the CNMI C Citizenship code			nship code	
					D NAICS	E SOC	F Entry	permit no.	

Form W-2CM Wage and Tax Statement 2008

Copy 2 To be filed with employee's income tax return

VOID	a Employe	ee's social security num	nber	For Revenue and Taxation use only				
b Employer identification number (EIN)				1 Wages, tips, other compensation 2 Income tax withheld (NMTIT chapter 7)				
c Employer's name, address, and ZIP code				3 Social security wages 4 S			I security tax withheld	
				5 Medicare wages and tips 6 Medicare tax withheld			care tax withheld	
		7 Social security tips 8 Allocated tips			ated tips			
d Control number (Serial number)				9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name Suff.				11 Nonqualified plans		12a Sec Code	e instructions for box 12.	
f Employee's address and ZIP code				13 Statutory Retirement Third-party employee plan sick pay		12b Code \$		
				14a Other	14b	12c Code	\$	
				12d Code	\$			
15 CNMI Tax ID number	16 Wages and salary (CNMI)	17 Wage & salary tax v (chapter 2)	vithheld	A Location code B Days out of the CNMI C Citizenship code		nship code		
				D NAICS	E SOC	F Entry	permit no.	

Form W-2CM Wage and Tax Statement
Copy B For employee's record

2008

VOID	a Employe	a Employee's social security number			For Revenue and Taxation use only				
b Employer identification number (EIN)				1 Wages, tips, other compensation 2 Income tax withheld (NMTIT chapter 7)					
c Employer's name, address, and ZIP code				3 Social security wages 4 Social security tax withheld			security tax withheld		
				5 Medicare wages and tips 6 Medicare tax withheld			care tax withheld		
				7 Social security tips 8 Allocated tips			ated tips		
d Control number (Serial number)				9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name Suff.				11 Nonqualified plans		12a See instructions for box 12.			
f Employee's address and ZIP code				13 Statutory Retirement Third-party employee plan sick pay		12b Code \$			
				14a Other	14b	12c Code	\$		
						12d Code	\$		
15 CNMI Tax ID number	16 Wages and salary (CNMI)	17 Wage & salary tax w (chapter 2)	vithheld	A Location code B Days out of the CNMI C Citizenship cod		nship code			
				D NAICS	E SOC	F Entry	permit no.		

Form W-2CM Wage and Tax Statement
Copy C For employer's record

2008