

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



cy 2009

(Please type or print in ink)

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		<b>1A</b> CHAPTER 2 Tax Withheld	1B CHA Tax	APTER 7 Withheld	1C TOTAL Tax Withheld		<b>1D</b> TOTAL Tax Paid		<b>1E</b> Wages and Salaries
a) 1st Quarter	<b>•</b>								
<b>b)</b> 2nd Quarter	<b>•</b>								
c) 3rd Quarter	<b>•</b>								
d) 4th Quarter	<b>•</b>								
e) Subtotal (a thru c	d) ▶								
2a Total per W-2CM	<b>&gt;</b>								
<b>b</b> Difference	<b>•</b>								
3 No. of W-2CM attached to Form OS-3710 ▶									
4 Are you filing magnetically?			□Yes	□ No					
FOR OFFICIAL USE ONLY									
Date filed *	te 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 March 1, 2010.

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

Form OS-3710 (Rev. 2009)