Attention:

This is a fillable and machine readable form.

You must turn Off or set your page scaling option to None before printing. This would allow exact dimension as with the original in order to be scannable.

VOID	a Employ	a Employee's social security number		For Revenue and Taxation use only			
b Employer identification	1 Wages, tips, oth	1 Wages, tips, other compensation 2 Income tax withheld (NMTIT chap					
c Employer's name, addr	3 Social security v	3 Social security wages 4 Social se		(withheld			
	5 Medicare wages	5 Medicare wages and tips 6 Medicare ta		iheld			
	7 Social security t	7 Social security tips 8 Allocated tips					
d Control number (Serial	9 Advance EIC pa	9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name a	f. 11 Nonqualified p	lans	12a code Amount (see instructions				
f Employee's address and	13 Statutory Retire employee plan	employee plan sick pay					
			14a Other	14b	12c Code		
					12d Code		
15 CNMI Tax ID number	16 Wages and salary (CNMI)	17 Wage & salary tax withheld (chapter 2)	A Location code	B Days out of the CNMI	C Citizenship code		
			D NAICS	E SOC	F FNID	1	

Form W-2CM Wage and Tax 2010 Statement 2010

VOID 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 of	3 Social security wages		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.	11 Nonqualified plans		12a Code	Amount (see instructions)
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	
			L	2 L-		
Form W-2CM Wage a Stateme	nd Tax 2010				Division	Department of Finance of Revenue and Taxation

Form W-2CM Wage and Tax Statement 20 Copy A For Social Security Administration

Division of Revenue and Taxation Commonwealth of the Northern Mariana Islands

VOID	a En	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 chap			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		x 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.						Amount (see instructions)	
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 (CN	IMI) 17 Wage & salary tax withher (chapter 2)	ld	A Location code	B Days out of the CNMI	C Citizenship c	code
		·		D NAICS	E SOC	F FNID	

Form W-2CM Wage and Tax 2010 Copy 2 To be filed with employee's income tax return

VOID	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 chapted)			eld (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 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.				11 Nonqualified plans		12a code Amour	nt (see instructions)
f Employee's address and ZIP code				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 withh (chapter 2)	eld	A Location code	B Days out of the CNMI	C Citizenship code	
				D NAICS	E SOC	F FNID	

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

2010

VOID a Employee's social security number			For Revenue and Taxation use only			
b Employer identification	1 Wages, tips, oth	1 Wages, tips, other compensation 2 Income tax withheld (NMTIT chap				
c Employer's name, addr	3 Social security	3 Social security wages		4 Social security tax withheld		
	5 Medicare wage	5 Medicare wages and tips		6 Medicare tax withheld		
	7 Social security	7 Social security tips		8 Allocated tips		
d Control number (Seria	9 Advance EIC pa	9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name	iff. 11 Nonqualified p	11 Nonqualified plans 12a		nt (see instructions)		
f Employee's address and	13 Statutory Retire employee plan	employee plan sick pay				
			14a Other	14b	12c Code	
					12d Code	
15 CNMI Tax ID number	16 Wages and salary (CNMI)	17 Wage & salary tax withheld (chapter 2)	A Location code	B Days out of the CNMI	C Citizenship code	
			D NAICS	E SOC	F FNID	

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

2010