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 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**	**10** Dependent care benefits
e Employee's first name and initial / Last name / Suff.		**11** Nonqualified plans	**12a** Code See instructions for box 12
f Employee's address and ZIP code		**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
		14a Other	**14b** Code	**12c** Code
			12d Code

15 CNMI Tax ID number	**16** CNMI Wages and Salary	**17** Wage & salary tax withheld (chapter 2)	**A** Location code	**B** Days out of the CNMI	**C** Citizenship code
			D NAICS	**E** SOC	

Form **W-2CM**   Wage and Tax Statement
2015

Copy 1 **For Division of Revenue and Taxation**

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		14a Other	**14b** Code	**12c** Code
				12d Code

Form **W-2CM** Wage and Tax Statement **2015**

Copy A For Social Security Administration - Send this entire page with
Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Department of Finance
Division of Revenue and Taxation
Commonwealth of the Northern Mariana Islands

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Form **W-2CM**   Wage and Tax Statement   **2015**

Department of Finance
Division of Revenue and Taxation
Commonwealth of the Northern Mariana Islands

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For Revenue and Taxation use only ▶

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Form **W-2CM** Wage and Tax Statement   **2015**

Department of Finance
Division of Revenue and Taxation
Commonwealth of the Northern Mariana Islands

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Form **W-2CM**   Wage and Tax Statement   **2015**

Copy C **For employer's record**