

VOID <input type="checkbox"/>		<b>a</b> Employee's social security number		For Revenue and Taxation use only ▶				
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation		<b>2</b> Income tax withheld (NMTIT chapter 7)		
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		
				<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number (Serial number)				<b>9</b>		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial		Last name		Suff.	<b>11</b> Nonqualified plans			
<b>f</b> Employee's address and ZIP code				<b>12a</b> Code		See instructions for box 12		
				<b>13</b> Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	<b>12b</b> Code
				<b>14a</b> Other		<b>14b</b> Code		<b>12c</b> Code
						<b>12d</b> Code		
<b>15</b> CNMI Tax ID number		<b>16</b> CNMI Wages and Salary		<b>17</b> Wage & salary tax withheld (chapter 2)		<b>A</b> Location code		
				<b>B</b> Days out of the CNMI		<b>C</b> Citizenship code		
				<b>D</b> NAICS		<b>E</b> SOC		

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Form **W-2CM** Wage and Tax Statement **2016**

**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

**Do Not Cut, Fold, or Staple Forms on This Page**

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