VOID 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 chapte			held (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 instr	uctions for box 12	
f Employee's address and ZIP code				I	13 Statutory Retirement Third-party employee plan sick pay		12b Code		
					14a Other	14b Code	12c Code		
							12d Code		
15 CNMI Tax ID number	16 CNMI W	ages and Salary	17 Wage & salary tax v (chapter 2)	withheld	A Location code	B Days out of the CNMI	C Citizen of country		
					D NAICS	E SOC	F Visa type/Class		

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

Copy 1 For Division of Revenue and Taxation



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 code		3 Social security wa	ges	4 Social security tax	4 Social security tax withheld	
		5 Medicare wages a	and tips	6 Medicare tax with	6 Medicare tax withheld	
			7 Social security tip	S	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 plan	IS	12a Code See instruc	tions for box 12
f Employee's address and ZIP code		.J	- 13 Statutory Retirement Third-party employee plan sick pay		12b Code	
			14a Other	14b Code	12c Code	
					12d Code	

 Form $\mathsf{W-2CM}$ Wage and Tax Statement Copy A For Social Security Administration - Send this entire page with

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

Form W-3 to the Social Security Administration; photocopies are **not** acceptable. Do Not Cut, Fold, or Staple Forms on This Page

VOID 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			held (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.				Suff.	11 Nonqualified plans		12a Code See instr	uctions for box 12
f Employee's address and ZIP code					13 Statutory Retirement Third-party employee plan sick pay		12b Code	
					14a Other	14b Code	12c Code	
							12d Code	
15 CNMI Tax ID number	16 CNMI Wage	es and Salary	17 Wage & salary tax w (chapter 2)	vithheld	A Location code	B Days out of the CNMI	C Citizen of country	/
					D NAICS	E SOC	F Visa type/Class	

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



VOID 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			held (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.				Suff.	11 Nonqualified plans		12a Code See instr	uctions for box 12
f Employee's address and ZIP code					13 Statutory Retirement Third-party employee plan sick pay		12b Code	
					14a Other	14b Code	12c Code	
							12d Code	
15 CNMI Tax ID number	16 CNMI Wage	es and Salary	17 Wage & salary tax w (chapter 2)	vithheld	A Location code	B Days out of the CNMI	C Citizen of country	/
					D NAICS	E SOC	F Visa type/Class	

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

Copy B For employee's record



VOID		a Employee's so	ocial security number		For Revenue and Taxation use only			
b Employer identification num			1 Wages, tips, other compensation 2 Income tax withheld (NMTIT cha					
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 num			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 Retirement Third-party employee plan sick pay		12b Code	
					14a Other	14b Code	12c Code	
					12d Code			
15 CNMI Tax ID number	16 CNMI V	ages and Salary 17 Wage & salary tax withheld (chapter 2)		withheld	A Location code	B Days out of the CNMI	C Citizen of country	
	•				D NAICS	E SOC	F Visa type/Class	

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

Copy C For employer's record

