

VOID <input type="checkbox"/>		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 <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	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 Citizen of country	
			D NAICS	E SOC	F Visa type/Class	


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Form **W-2CM** Wage and Tax Statement **2020**


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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