


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			
f Employee's address and ZIP code				12a Code		See instructions for box 12			
				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			
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Form **W-2CM** Wage and Tax Statement **2022**


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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