

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 Citizen of country		
						D NAICS		E SOC		F Visa type/Class		

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

Form **W-2CM** Wage and Tax Statement **2025**
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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