



**DIVISION OF REVENUE AND TAXATION**  
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



**Annual NMTIT or Gaming Tax Return**

For withholding reported on Forms 1099 or W-2G.

Form 945CM

**20** \_\_\_\_\_

<b>Type or Print</b>	Name (as distinguished from trade name)	Federal Employer identification number (FEIN)	Do not write in this space - DLN
	Trade name, if any	Taxpayer identification number (TIN)	
	Address (number and street)		If address is different from prior return, check here. <input type="checkbox"/>
	City or town, state or province, country, and ZIP or foreign postal code		

If you do not have to file returns in the future, check here  and enter date final payments made. ▶ -----

Check ONLY ONE:  NMTIT  Gaming Machine Jackpot Tax

**A. NMTIT**

1	NMTIT withheld from pensions, annuities, IRAs, etc. . . . .	1		
2	Backup withholding (NMTIT) . . . . .	2		
3	Total taxes. If \$2,500 or more, this must equal line M from part D or Form 945A, line M . . . . .	3		
4	Total deposits for the year . . . . .	4		

**B. Gaming Machine Jackpot Tax**

1	Gaming Machine Jackpot Tax Withheld. If \$2,500 or more, this must equal line M from part D . . . . .	1		
2	Total payments from Form OS-3705G for the year . . . . .	2		

**C. Balance Due or Overpayment**

For NMTIT, Subtract line A4 from line A3. For Gaming Machine Jackpot Tax, subtract line B2 from line B1.  
If the amount is greater than zero, enter the amount on line C1, otherwise, enter the amount on line C2

1	Balance Due: . . . . .	1		
2	Overpayment: . . . . .	2		

- All filers: If line A1 is \$2,500 or more or line B1 is greater than zero, complete Part D below.
- NMTIT Semiweekly schedule depositors: Complete Form 945A and check here

D. Monthly Summary of Liability.					
	Tax liability for month		Tax liability for month		Tax liability for month
A January . . . . .		F June . . . . .		K November . . . . .	
B February . . . . .		G July . . . . .		L December . . . . .	
C March . . . . .		H August . . . . .		M Liability for year (add lines A through L) . . . . .	
D April . . . . .		I September . . . . .			
E May . . . . .		J October . . . . .			

Third-Party Designee: Do you want to allow another person to discuss this return with the Division of Revenue & Taxation?  Yes. Complete the following:  No.

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_ Personal identification number (PIN) ▶ \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature ▶ \_\_\_\_\_ Print Your Name and Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN ▶ _____			
	Firm's address ▶ _____	Phone no. _____			