

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 Citizenship code				
				D NAICS	E SOC			


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Form **W-2CM** Wage and Tax Statement **2016**

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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