			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.			Suff.	11 Nonqualified plans		12a Code See instructions for box 12		
f Employee's address and ZIP code					13 Statutory Retire employee plan	ement Third-party sick pay	12b Code	
					14a Other	14b Code	12c Code	
							12d Code	
15 CNMI Tax ID number	16 CNMI \	Vages and Salary	17 Wage & salary tax (chapter 2)	withheld	A Location code B Days out of the CNMI		C Citizen of country	
	•				D NAICS	E SOC	F Visa type/Class	

Form W-2CM Wage a Stateme

Wage and Tax Statement

2025

Department of Finance

Division of Revenue and Taxation

Commonwealth of the Northern Mariana Islands

Copy 1 For Division of Revenue and Taxation

VOID	a Employee's social security number	For Revenue and Taxation use only				
b Employer identification number (EIN)		1 Wages, tips, other compensation				
c Employer's name, address, and ZIP code		3 Social security wa	ages	4 Social security tax withheld6 Medicare tax withheld		
		5 Medicare wages	and tips			
		7 Social security tip	05	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 Retirement Third-party employee plan sick pay		12b Code		
			14a Other	14b Code	12c Code	
					12d Code	
					Devertment of Finance	
Form W-2CM Wage and Copy A For Social Security Admini		22]	Comi	Department of Finance Division of Revenue and Taxatior monwealth of the Northern Mariana Islands	

Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

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VOID	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.				Suff.	11 Nonqualified plans		12a Code See instructions for	or box 12
f Employee's address and ZIP code					13 Statutory Retirement Third-party employee plan sick pay		12b Code	
					14a Other	14b Code	12c Code	
							12d Code	
15 CNMI Tax ID number	16 CNMI V	Vages 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	
	Wage a	nd Tax					Departm	nent of Finance

2022

Division of Revenue and Taxation

Commonwealth of the Northern Mariana Islands

Copy 2 To be filed with employee's income tax return

Statement

Form W-2CM

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		.1	13 Statutory Retire employee plan	ement Third-party sick pay	12b Code		
			14a Other	14b Code	12c Code		
					12d Code		
15 CNMI Tax ID number 16 CNMI V	ages and Salary	17 Wage & salary tax (chapter 2)	withheld	A Location code B Days out of the CNMI		C Citizen of country	
				D NAICS	E SOC	F Visa type/Class	

Form W-2CM Wage and Tax Statement

2022

Department of Finance

Division of Revenue and Taxation

Commonwealth of the Northern Mariana Islands

Copy B For employee's record

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			
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d Control number (Serial number)			9		10 Dependent care benefits		
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f Employee's address and ZIP code		.1	13 Statutory Retire employee plan	ement Third-party sick pay	12b Code		
			14a Other	14b Code	12c Code		
					12d Code		
15 CNMI Tax ID number 16 CNMI V	ages and Salary	17 Wage & salary tax (chapter 2)	withheld	A Location code B Days out of the CNMI		C Citizen of country	
				D NAICS	E SOC	F Visa type/Class	

Wage and Tax Form W-2CM Statement

2022

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Division of Revenue and Taxation

Commonwealth of the Northern Mariana Islands

Copy C For employer's record