



**DEPARTMENT OF FINANCE  
DIVISION OF REVENUE AND TAXATION  
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**



a1. Federal ID number	a3. VOID <input type="checkbox"/>	b. Serial number	g. Loc. code	h. Days out of CNMI	i. Cit. code	<b>Copy 1</b>  <b>For Division of Revenue and Taxation</b>
a2. CNMI Tax ID number						
c. Employer's name, address, and ZIP code		j. SIC	k. SOC	l. Entry permit no.		
		1. Wages, tips, other compensation		2a. Income tax withheld (Chap. 7)	2b. Local wage & salary tax withheld (Chap. 2)	
		3. Social security wages		4. Social security tax withheld		
d. Employee's social security number		5. Medicare wages and tips		6. Medicare tax withheld		
e. Employee's first name and initial	Last name		7. Social security tips		8. Allocated tips	
f. Employee's address and ZIP code		9. Advance EIC payment		10. Dependent care benefits		
		11. Nonqualified plans		12a. See instructions for box 12 c o d e \$		
		13. Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b. c o d e \$	
		14a. Other		14b.	12c. c o d e \$	
				12d. c o d e \$		

**Form 2004 Wage and Tax W-2CM Statement**



**DEPARTMENT OF FINANCE  
DIVISION OF REVENUE AND TAXATION  
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**



**Copy A**

**For Social  
Security  
Administration**

a1. Federal ID number	a3. VOID	[Redacted]		[Redacted]	
a2. CNMI Tax ID number	<input type="checkbox"/>				
c. Employer's name, address, and ZIP code		1. Wages, tips, other compensation		[Redacted]	
		3. Social security wages	4. Social security tax withheld		
d. Employee's social security number		5. Medicare wages and tips		6. Medicare tax withheld	
e. Employee's first name and initial		7. Social security tips		8. Allocated tips	
f. Employee's address and ZIP code		9. Advance EIC payment		10. Dependent care benefits	
		11. Nonqualified plans		12a. See instructions for box 12	
		13. Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b. c o d e \$	
		14a. Other		14b. c o d e \$	
Form 2004 Wage and Tax W-2CM Statement		14a. Other		14b. c o d e \$	
				12d. c o d e \$	



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a1. Federal ID number	a3. VOID <input type="checkbox"/>	b. Serial number	g. Loc. code	h. Days out of CNMI	i. Cit. code	<b>Copy 2</b> <b>To Be Filed With Employees Income Tax Return</b>	
a2. CNMI Tax ID number							
c. Employer's name, address, and ZIP code			j. SIC	k. SOC	l. Entry permit no.		
			1. Wages, tips, other compensation		2a. Income tax withheld (Chap. 7)	2b. Local wage & salary tax withheld (Chap. 2)	
			3. Social security wages		4. Social security tax withheld		
d. Employee's social security number			5. Medicare wages and tips		6. Medicare tax withheld		
e. Employee's first name and initial		Last name		7. Social security tips		8. Allocated tips	
f. Employee's address and ZIP code			9. Advance EIC payment		10. Dependent care benefits		
			11. Nonqualified plans		12a. See instructions for box 12 c o d e \$		
			13. Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b. c o d e \$	
			14a. Other		14b.	12c. c o d e \$	
<b>Form 2004 Wage and Tax W-2CM Statement</b>					12d. c o d e \$		



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a1. Federal ID number	a3. VOID <input type="checkbox"/>	b. Serial number	g. Loc. code	h. Days out of CNMI	i. Cit. code	<b>Copy B For Employee's Record</b>	
a2. CNMI Tax ID number							
c. Employer's name, address, and ZIP code			j. SIC	k. SOC	l. Entry permit no.		
			1. Wages, tips, other compensation		2a. Income tax withheld (Chap. 7)	2b. Local wage & salary tax withheld (Chap. 2)	
			3. Social security wages		4. Social security tax withheld		
d. Employee's social security number			5. Medicare wages and tips		6. Medicare tax withheld		
e. Employee's first name and initial		Last name	7. Social security tips		8. Allocated tips		
f. Employee's address and ZIP code			9. Advance EIC payment		10. Dependent care benefits		
			11. Nonqualified plans		12a. See instructions for box 12 c o d e \$		
			13. Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b. c o d e \$	
			14a. Other		14b.	12c. c o d e \$	
					12d. c o d e \$		

**Form 2004 Wage and Tax  
W-2CM Statement**



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a1. Federal ID number	a3. VOID <input type="checkbox"/>	b. Serial number	g. Loc. code	h. Days out of CNMI	i. Cit. code	<b>Copy C For Employer's Record</b>	
a2. CNMI Tax ID number							
c. Employer's name, address, and ZIP code			j. SIC	k. SOC	l. Entry permit no.		
			1. Wages, tips, other compensation		2a. Income tax withheld (Chap. 7)	2b. Local wage & salary tax withheld (Chap. 2)	
			3. Social security wages		4. Social security tax withheld		
d. Employee's social security number			5. Medicare wages and tips		6. Medicare tax withheld		
e. Employee's first name and initial		Last name	7. Social security tips		8. Allocated tips		
f. Employee's address and ZIP code			9. Advance EIC payment		10. Dependent care benefits		
			11. Nonqualified plans		12a. See instructions for box 12 c o d e \$		
			13. Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b. c o d e \$	
			14a. Other		14b.	12c. c o d e \$	
<b>Form 2004 Wage and Tax W-2CM Statement</b>					12d. c o d e \$		