

## **Notice:**

This form is provided for informational purposes only.  
For more information, please call 670-664-1000.



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



a1. Federal ID number (EIN)	a3. VOID	b. Serial number	g. Loc. code	h. Days out of the CNMI	i. Cit. code	<b>Copy 1</b>  <b>For Division of Revenue and Taxation</b>
a2. CNMI Tax ID number	<input type="checkbox"/>					
c. Employer's 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 Retirement Third-party Employee plan sick-pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b. c o d e   \$	
			14a. Other		14b.	
<b>Form 2007 Wage and Tax</b> <b>W-2CM Statement</b>					12d. c o d e   \$	





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a1. Federal ID number (EIN)	a3. VOID	b. Serial number	g. Loc. code	h. Days out of the CNMI	i. Cit. code	<b>Copy 2</b>  <b>To Be Filed with Employee's Income Tax Return</b>
a2. CNMI Tax ID number	<input type="checkbox"/>					
c. Employer's 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 Retirement Third-party Employee plan sick-pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b. c o d e   \$	
			14a. Other		14b.	
<b>Form 2007 Wage and Tax W-2CM Statement</b>					12d. c o d e   \$	



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a1. Federal ID number (EIN)	a3. VOID	b. Serial number	g. Loc. code	h. Days out of the CNMI	i. Cit. code	<b>Copy B</b>  <b>For Employee's Record</b>	
a2. CNMI Tax ID number	<input type="checkbox"/>						
c. Employer's 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 Retirement Third-party Employee plan sick-pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b. c o d e \$		
			14a. Other		14b.		12c. c o d e \$
<b>Form 2007 Wage and Tax W-2CM Statement</b>					12d. c o d e \$		



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a1. Federal ID number (EIN)	a3. VOID	b. Serial number	g. Loc. code	h. Days out of the CNMI	i. Cit. code	<b>Copy C For Employer's Record</b>	
a2. CNMI Tax ID number	<input type="checkbox"/>						
c. Employer's 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 Retirement Third-party Employee plan sick-pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b. c o d e   \$		
			14a. Other		14b.		12c. c o d e   \$
<b>Form 2007 Wage and Tax W-2CM Statement</b>					12d. c o d e   \$		