

VOID <input type="checkbox"/>		<b>a</b> Employee's social security number		For Revenue and Taxation use only ▶			
<b>b</b> Employer identification number (EIN)			<b>1</b> Wages, tips, other compensation		<b>2</b> Income tax withheld (NMTIT chapter 7)		
<b>c</b> Employer's name, address, and ZIP code			<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
			<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number (Serial number)			<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial		Last name	Suff.	<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12. Code   \$	
<b>f</b> Employee's address and ZIP code			<b>13</b> Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	<b>12b</b> Code   \$	
			<b>14a</b> Other		<b>14b</b>	<b>12c</b> Code   \$	
							<b>12d</b> Code   \$
<b>15</b> CNMI Tax ID number	<b>16</b> Wages and salary (CNMI)	<b>17</b> Wage & salary tax withheld (chapter 2)	<b>A</b> Location code	<b>B</b> Days out of the CNMI	<b>C</b> Citizenship code		
			<b>D</b> NAICS	<b>E</b> SOC	<b>F</b> Entry permit no.		

Form **W-2CM** Wage and Tax Statement **2009**  
**Copy 1** For Division of Revenue and Taxation

Department of Finance  
Division of Revenue and Taxation  
Commonwealth of the Northern Mariana Islands

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<b>d</b> Control number (Serial number)		<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits
<b>e</b> Employee's first name and initial		Last name	Suff.	<b>11</b> Nonqualified plans
<b>f</b> Employee's address and ZIP code				<b>12a</b> See instructions for box 12. Code   \$
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> Code   \$
		<b>14a</b> Other	<b>14b</b>	<b>12c</b> Code   \$
				<b>12d</b> Code   \$

Form **W-2CM** Wage and Tax Statement **2009**  
**Copy A** For Social Security Administration

Department of Finance  
Division of Revenue and Taxation  
Commonwealth of the Northern Mariana Islands

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<b>b</b> Employer identification number (EIN)			<b>1</b> Wages, tips, other compensation	<b>2</b> Income tax withheld (NMTIT chapter 7)		
<b>c</b> Employer's name, address, and ZIP code			<b>3</b> Social security wages	<b>4</b> Social security tax withheld		
			<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld		
			<b>7</b> Social security tips	<b>8</b> Allocated tips		
<b>d</b> Control number (Serial number)			<b>9</b> Advance EIC payment	<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial		Last name	Suff.	<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12. Code   \$
<b>f</b> Employee's address and ZIP code			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			<b>12b</b> Code   \$
			<b>14a</b> Other	<b>14b</b>	<b>12c</b> Code   \$	
					<b>12d</b> Code   \$	
<b>15</b> CNMI Tax ID number	<b>16</b> Wages and salary (CNMI)	<b>17</b> Wage & salary tax withheld (chapter 2)		<b>A</b> Location code	<b>B</b> Days out of the CNMI	<b>C</b> Citizenship code
			<b>D</b> NAICS	<b>E</b> SOC	<b>F</b> Entry permit no.	

Form **W-2CM** Wage and Tax Statement **2009**  
**Copy 2 To be filed with employee's income tax return**

**Department of Finance**  
**Division of Revenue and Taxation**  
**Commonwealth of the Northern Mariana Islands**

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<b>e</b> Employee's first name and initial		Last name	Suff.	<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12. Code   \$	
<b>f</b> Employee's address and ZIP code			<b>13</b> Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	<b>12b</b> Code   \$	
			<b>14a</b> Other		<b>14b</b>		<b>12c</b> Code   \$
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<b>15</b> CNMI Tax ID number	<b>16</b> Wages and salary (CNMI)	<b>17</b> Wage & salary tax withheld (chapter 2)	<b>A</b> Location code	<b>B</b> Days out of the CNMI	<b>C</b> Citizenship code		
			<b>D</b> NAICS	<b>E</b> SOC	<b>F</b> Entry permit no.		

Form **W-2CM** Wage and Tax Statement **2009**  
**Copy B** For employee's record

Department of Finance  
Division of Revenue and Taxation  
Commonwealth of the Northern Mariana Islands

VOID <input type="checkbox"/>		<b>a</b> Employee's social security number		For Revenue and Taxation use only ▶		
<b>b</b> Employer identification number (EIN)			<b>1</b> Wages, tips, other compensation		<b>2</b> Income tax withheld (NMTIT chapter 7)	
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			<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number (Serial number)			<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial		Last name	Suff.	<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12. Code   \$
<b>f</b> Employee's address and ZIP code			<b>13</b> Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	<b>12b</b> Code   \$
			<b>14a</b> Other		<b>14b</b>	<b>12c</b> Code   \$
						<b>12d</b> Code   \$
<b>15</b> CNMI Tax ID number	<b>16</b> Wages and salary (CNMI)	<b>17</b> Wage & salary tax withheld (chapter 2)	<b>A</b> Location code	<b>B</b> Days out of the CNMI	<b>C</b> Citizenship code	
			<b>D</b> NAICS	<b>E</b> SOC	<b>F</b> Entry permit no.	

Form **W-2CM** Wage and Tax Statement **2009**  
**Copy C** For employer's record

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Division of Revenue and Taxation  
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