VOID	a Employ	ee'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 chapt			eld (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		
Employee's first name and initial Last name Suff.			Suff.			it (see instructions)	
f Employee's address and ZIP code			13 Statutory Retirement Third-party employee plan sick pay		12b Code		
				14a Other	14b	12c Code	
						12d Code	
15 CNMI Tax ID number	16 Wages and salary (CNMI)	17 Wage & salary tax withhe (chapter 2)	eld	A Location code	B Days out of the CNMI	C Citizenship code	
				D NAICS	E SOC		

VOID	VOID a Employee's social security number		For Revenue and Taxation use only				
b Employer identification number (EIN)	1 Wages, tips, oth	er compensation					
c Employer's name, address, and ZIP c	3 Social security wages		4 Social security tax withheld				
	5 Medicare wages	and tips	6 Medicar	6 Medicare tax withheld			
	7 Social security ti	ps	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 pla	ans	12a Code	Amount (see instructions)	
f Employee's address and ZIP code			13 Statutory Retirements employee plan	ment Third-party sick pay	12b Code		
			14a Other	14b	12c Code		
					12d Code		
						10	
Form W-2CM Wage and Statement					Division	Department of Finance of Revenue and Taxation	

Copy A For Social Security Administration

Commonwealth of the Northern Mariana Islands

VOID a Employee's social security number			For Revenue and Taxation use only			
b Employer identification	1 Wages, tips, other compensation 2 Income tax withheld (NMTIT chapter			eld (NMTIT chapter 7)		
c Employer's name, addr	3 Social security v	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 pl			it (see instructions)
f Employee's address and ZIP code			13 Statutory Retire employee plan	employee plan sick pay		
			14a Other	14b	12c Code	
					12d Code	
15 CNMI Tax ID number	16 Wages and salary (CNMI)	17 Wage & salary tax withheld (chapter 2)	A Location code	B Days out of the CNMI	C Citizenship code	
		•	D NAICS	E SOC		

Form W-2CM Wage and Tax 2011 Copy 2 To be filed with employee's income tax return

VOID a Employee's social security number			This information is being furnished to the Division of Revenue & Taxation. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b Employer identification number (EIN)				1 Wages, tips, other compensation2			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.			uff.			t (see instructions)		
f Employee's address and ZIP code				13 Statutory Retirement Third-party employee plan sick pay		12b Code		
				14a Other	14b	12c Code		
						12d Code		
15 CNMI Tax ID number	16 Wages and salary (CNI	I) 17 Wage & salary tax withheld (chapter 2)		A Location code	B Days out of the CNMI	C Citizensl	hip code	
				D NAICS	E SOC			



VOID	a Employe	e's social security number	For Revenue and Taxation use only	For Revenue and Taxation use only			
b Employer identification	1 Wages, tips, oth	1 Wages, tips, other compensation 2 Income tax withheld (NMTIT chapter in the second sec					
c Employer's name, addr	3 Social security v	3 Social security wages		4 Social security tax withheld			
			5 Medicare wages	5 Medicare wages and tips		6 Medicare tax withheld	
	7 Social security t	7 Social security tips		8 Allocated tips			
d Control number (Serial number)			9	9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.			f. 11 Nonqualified pl			nt (see instructions)	
f Employee's address and ZIP code			employee plan	employee plan sick pay		12b Code	
			14a Other	14b	12c Code		
					12d Code		
15 CNMI Tax ID number	16 Wages and salary (CNMI)	17 Wage & salary tax withheld (chapter 2)	A Location code	B Days out of the CNMI	C Citizenship code		
			D NAICS	E SOC			

2011

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