

2D SPECIFICATIONS FOR SCHEDULE W-2

Schedule W-2 Specifications

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
1	Header	Header Version Number	N	2	T1	
2	Header	CTP ID	N	3		
3	Gov't	Tax Year	N	4	YYYY	
4	Gov't	Form Type	N	6	804-01	
5	Gov't	Software Developer Version	N	3	001. Increment plus 1 for each change to the barcode	
6	Gov't	FTB Specification Version	N	3	001. See Header Fields Definitions in Publication 1098, Part II for more information.	
7		Taxpayer's First Name	A	11		
8		Taxpayer's Middle Initial	A	1		
9		Taxpayer's Last Name	A	35	Special Characters: space	
10		Taxpayer's Suffix	A	4	format/valid Range SR, JR, TR, I, II, III, IV, V, VI, VII, VIII, IX, X	
11		Taxpayer's SSN or ITIN	N	9		
12	1st a	Employee's SSN	N	9		
13	1st b	EIN	N	9		
14	1st c	Employer's Name	AN	35	Special Characters: space	
15	1st c	Employer's Street Address	AN	35	Special Characters: space - / U.S. or Foreign	
16	1st c	Employer's City/Province/County	AN	17	Special Characters: space - U.S. or Foreign	
17	1st c	Employer's State	A	2	Refer to Standard Abbreviation in Pub. 1098, Part 1	
18	1st c	Employer's ZIP/Postal code	AN	16	Special Characters: - U.S. ZIP or Foreign Postal code	

Schedule W-2 Specifications

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
19	1st c	Country	AN	19	Enable when Employer's State and Employer's ZIP are both empty. Special Characters: space 2-character Country Abbreviation may be used.	
20	1st e	Employee's First Name	A	11		
21	1st e	Employee's Middle Initial	A	1		
22	1st e	Employee's Last Name	A	35	Special Characters: space	
23	1st e	Employee's Suffix	A	4	format/valid Range SR, JR, TR, I, II, III, IV, V, VI, VII, VIII, IX, X	
24	1st f	Employee's Street Address	AN	35	Special Characters: space / – U.S. or Foreign	
25	1st f	Employee's City/Province/County	AN	17	Special Characters: space – U.S. or Foreign	
26	1st f	Employee's State	A	2	Refer to Standard Abbreviations in Pub. 1098, Part 1	
27	1st f	Employee's ZIP/Postal Code	AN	16	Special Characters: – U.S. ZIP or Foreign Postal code	
28	1st f	Country	AN	19	Enable when Employee's State and Employee's ZIP are both empty. Special Characters: space 2-character Country Abbreviation may be used.	
29	1st 1	Wages, Tips and Other Compensation	N	15		
30	1st 2	Federal Income Tax Withheld	N	15		
31	1st 3	Social Security Wages	N	15		
32	1st 4	Social Security Tax Withheld	N	15		
33	1st 6	Medicare Tax Withheld	N	15		
34	1st 7	Social Security Tips	N	15		

2D SPECIFICATIONS FOR SCHEDULE W-2

Schedule W-2 Specifications

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
35	1st 8	Allocated Tips	N	15		
36	1st 10	Dependent Care Benefits	N	15		
37	1st 11	Nonqualified Plans	N	15		
38	1st 12a	Codes	AN	4		
39	1st 12a	Amounts	N	15		
40	1st 12b	Codes	AN	4		
41	1st 12b	Amounts	N	15		
42	1st 12c	Codes	AN	4		
43	1st 12c	Amounts	N	15		
44	1st 12d	Codes	AN	4		
45	1st 12d	Amounts	N	15		
46	1st 13	Statutory Employee Check Box	X0	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
47	1st 13	Retirement Plan Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
48	1st 13	Third Party Sick Pay Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
49	1st 14	SDI, VPDI, or CA SDI Type	A	6		
50	1st 14	SDI, VPDI, or CA SDI Amount	N	15		
51	1st 15	State	A	2		
52	1st 15	Employer's State ID	AN	16		
53	1st 16	State Wages, Tips, etc	N	15		
54	1st 17	State Income Tax	N	15		
55	2nd a	Employee's SSN	N	9		
56	2nd b	EIN	N	9		
57	2nd c	Employer's Name	AN	35	Special Characters: space	
58	2nd c	Employer's Street Address	AN	35	Special Characters: space -/ U.S. or Foreign	
59	2nd c	Employer's City/Province/County	AN	17	Special Characters: space - U.S. or Foreign	
60	2nd c	Employer's State	A	2	Refer to Standard Abbreviations in Pub. 1098, Part 1	

Schedule W-2 Specifications

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
61	2nd c	Employer's Zip/Postal code	AN	16	Special characters: – U.S. ZIP or Foreign Postal code	
62	2nd c	Country	AN	19	Enable when Employer's State and Employer's ZIP are both empty. Special Characters: space 2-character Country Abbreviation may be used.	
63	2nd e	Employee's First Name	A	11	Special chars: space	
64	2nd e	Employee's Middle Initial	A	1		
65	2nd e	Employee's Last Name	A	35	Special Characters: Space	
66	2nd e	Employee's Suffix	A	4	format/valid Range SR, JR, TR, I, II, III, IV, V, VI, VII, VIII, IX, X	
67	2nd f	Employee's Street Address	AN	35	Special Characters: space / – U.S. or Foreign	
68	2nd f	Employee's City/Province/County	AN	17	Special Characters: space – U.S. or Foreign	
69	2nd f	Employee's State	A	2	Refer to Standard Abbreviations in Pub. 1098, Part 1	
70	2nd f	Employee's ZIP/Postal code	AN	16	Special Characters: – U.S. ZIP or Foreign Postal code	
71	2nd f	Country	AN	19	Enable when Employee's State and Employee's ZIP are both empty. Special Characters: space 2-character Country Abbreviation may be used.	

2D SPECIFICATIONS FOR SCHEDULE W-2

Schedule W-2 Specifications

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
72	2nd 1	Wages, Tips and Other Compensation	N	15		
73	2nd 2	Federal Income Tax Withheld	N	15		
74	2nd 3	Social Security Wages	N	15		
75	2nd 4	Social Security Tax Withheld	N	15		
76	2nd 6	Medicare Tax Withheld	N	15		
77	2nd 7	Social Security Tips	N	15		
78	2nd 8	Allocated Tips	N	15		
79	2nd 10	Dependent Care Benefits	N	15		
80	2nd 11	Nonqualified Plans	N	15		
81	2nd 12a	Codes	AN	4		
82	2nd 12a	Amounts	N	15		
83	2nd 12b	Codes	AN	4		
84	2nd 12b	Amounts	N	15		
85	2nd 12c	Codes	AN	4		
86	2nd 12c	Amounts	N	15		
87	2nd 12d	Codes	AN	4		
88	2nd 12d	Amounts	N	15		
89	2nd 13	Statutory Employee Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
90	2nd 13	Retirement Plan Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
91	2nd 13	Third Party Sick Pay Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
92	2nd 14	SDI, VPDI, or CA SDI Type	A	6		
93	2nd 14	SDI, VPDI, or CA SDI Amount	N	15		
94	2nd 15	State	A	2		
95	2nd 15	Employer's State ID	AN	16		
96	2nd 16	State Wages, Tips, etc.	N	15		
97	2nd 17	State Income Tax	N	15		
98		END OF FILE	AN	5	*EOD*	

Schedule W-2 Record Layout

TAXABLE YEAR

CALIFORNIA SCHEDULE

2018

Wage and Tax Statement

W-2

Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).

Name(s) as shown on tax return

SSN or ITIN

7-10	11
------	----

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return. **All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information	1 st W-2	2 nd W-2
a. Employee's social security number* <input type="radio"/>	12	55
b. Employer identification number (EIN) <input type="radio"/>	13	56
c. Employer's name <input type="radio"/>	14	57
Address <input type="radio"/>	15	58
City <input type="radio"/>	16	59
State <input type="radio"/>	17	60
Zip code <input type="radio"/>	18 19	61 62
e. Employee's first name* <input type="radio"/>	20	63
Middle initial* <input type="radio"/>	21	64
Last name* <input type="radio"/>	22	65
Suffix* <input type="radio"/>	23	66
f. Employee address* <input type="radio"/>	24	67
City* <input type="radio"/>	25	68
State* <input type="radio"/>	26	69
Zip code* <input type="radio"/>	27 28	70 71
1. Wages, tips, other compensation <input type="radio"/>	29	72
2. Federal income tax withheld <input type="radio"/>	30	73
3. Social security wages <input type="radio"/>	31	74
4. Social security tax withheld <input type="radio"/>	32	75
6. Medicare tax withheld <input type="radio"/>	33	76

Schedule W-2 Record Layout



W-2 Information	1 st W-2		2 nd W-2			
7. Social security tips	<input type="radio"/>	34	<input type="radio"/>	77		
8. Allocated tips (not included in box 1)	<input type="radio"/>	35	<input type="radio"/>	78		
10. Dependent care benefits	<input type="radio"/>	36	<input type="radio"/>	79		
11. Nonqualified plans	<input type="radio"/>	37	<input type="radio"/>	80		
12. Codes and amounts	Codes	Amounts	Codes	Amounts		
12a.	<input type="radio"/> 38	<input type="radio"/>	39	<input type="radio"/> 81	<input type="radio"/>	82
12b.	<input type="radio"/> 40	<input type="radio"/>	41	<input type="radio"/> 83	<input type="radio"/>	84
12c.	<input type="radio"/> 42	<input type="radio"/>	43	<input type="radio"/> 85	<input type="radio"/>	86
12d.	<input type="radio"/> 44	<input type="radio"/>	45	<input type="radio"/> 87	<input type="radio"/>	88
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input type="radio"/> <input type="checkbox"/> Statutory employee	46	<input type="radio"/> <input type="checkbox"/> Statutory employee	89		
	<input type="radio"/> <input type="checkbox"/> Retirement plan	47	<input type="radio"/> <input type="checkbox"/> Retirement plan	90		
	<input type="radio"/> <input type="checkbox"/> Third-party sick pay	48	<input type="radio"/> <input type="checkbox"/> Third-party sick pay	91		
14. SDI, VPDI, or CA SDI (from box 14 or 19)	Type	Amount	Type	Amount		
	<input type="radio"/> 49	<input type="radio"/>	50	<input type="radio"/> 92	<input type="radio"/>	93
15. State and employer's state ID number	State	Employer's state ID number	State	Employer's state ID number		
	<input type="radio"/> 51	<input type="radio"/>	52	<input type="radio"/> 94	<input type="radio"/>	95
16. State wages, tips, etc.	<input type="radio"/>	56	<input type="radio"/>	96		
17. State income tax	<input type="radio"/>	54	<input type="radio"/>			

This space reserved for 2D barcode

Schedule W-2 Barcode Placement Side 2 Specifications

Comments: Use Courier 12-point font, for CTP ID and Doc. ID (print line 63).

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	–	–	–	–
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-53	Blank lines	–	–	–	–
54-60	“2D BARCODE”	7	73	79	Conventional form size/style
61	Blank line	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form	–	–	–	End of bottom registration mark, anchor mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, “8042184” (Side 2)

