TAXABLE YEAR

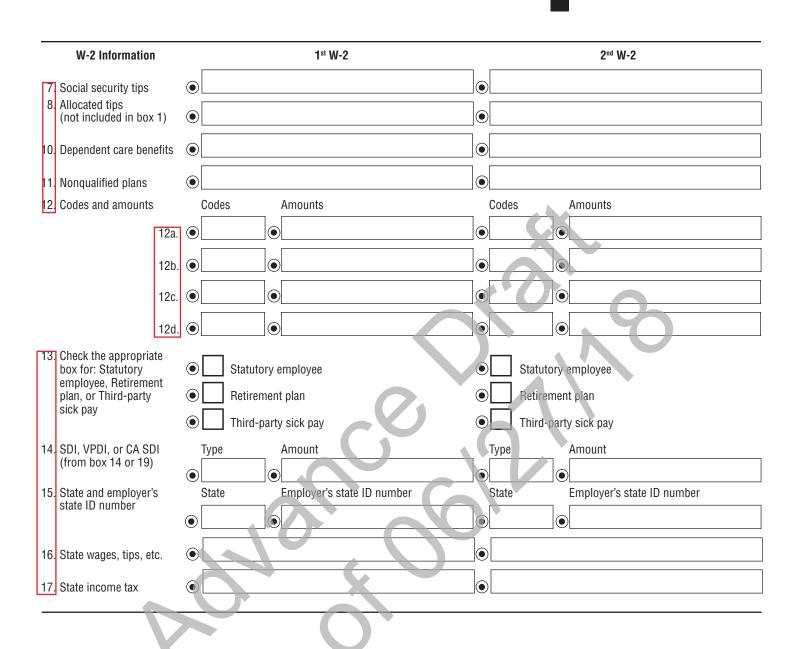
CALIFORNIA SCHEDULE

2017

Wage and Tax Statement

W-2

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ln	portant: Attach this f	orm to the back of your original or amended Form 540, 540	2 2EZ, or Form 540NR (Long or Short).
Na	me(s) as shown on tax return	SSN or ITIN	
CO	pies showing California ta	out, do not send your Form(s) W-2 to the Franchise Tax Board. If you withheld to this schedule. If this schedule is blank, attach your Formed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.	rr Form(s) W-2 are from multiple states, attach (s) W-2 to the lower front of your tax return.
*E	mployee's social security nur	ber, 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*		CX
b.	Employer identification number (EIN)		
C.	Employer's name		7 0
	Address		
	City		
	State		
	Zip code		
e.	Employee's first name*		
	Middle initial*		
	Last name*		
	Suffix*		
f.	Employee address*		
	City*		
	State*		
	Zip code*		
1	. Wages, tips, other compensation		
2	. Federal income tax withheld		
1	. Social security wages		
4	. Social security tax withheld		
6	Medicare tay withheld		



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