TAXABLE YEAR

2019

CALIFORNIA SCHEDULE

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

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

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

W-2 Information

a. Employee's social security number*

b. Employer identification number (EIN)

c. Employer's name

Employer's address

City

State

ZIP code

e. Employee's first name*

Initial*

Last name*

Suffix*

f. Employee's address*

City*

State*

ZIP code*

1. Wages, tips, other compensation

2. Federal income tax withheld

3. Social security wages

4. Social security tax withheld

6. Medicare tax withheld

7. Social security tips

8. Allocated tips (not included in box 1)

10. Dependent care benefits

11. Nonqualified plans

12. Codes and amounts

12a. Code / Amount

12b. Code / Amount

12c. Code / Amount

12d. Code / Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee

Retirement plan

Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type

Amount

16. State wages, tips, etc.

15. State and employer's state ID number

State

Employer's state ID number

17. State income tax