

2019

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or Form 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
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
5. Medicare tax withheld
6. Social security tips
7. Social security wages
8. Allocated tips (not included in box 1)
9. Dependent care benefits
10. Nonqualified plans
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

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