

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

Text input field for Name(s) as shown on tax return

Text input field for SSN or ITIN

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	1st W-2	2nd W-2
a. Employee's social security number*	<input type="text"/>	<input type="text"/>
b. Employer identification number (EIN)	<input type="text"/>	<input type="text"/>
c. Employer's name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Zip code	<input type="text"/>	<input type="text"/>
e. Employee's first name*	<input type="text"/>	<input type="text"/>
Middle initial*	<input type="text"/>	<input type="text"/>
Last name*	<input type="text"/>	<input type="text"/>
Suffix*	<input type="text"/>	<input type="text"/>
f. Employee address*	<input type="text"/>	<input type="text"/>
City*	<input type="text"/>	<input type="text"/>
State*	<input type="text"/>	<input type="text"/>
Zip code*	<input type="text"/>	<input type="text"/>
1. Wages, tips, other compensation	<input type="text"/>	<input type="text"/>
2. Federal income tax withheld	<input type="text"/>	<input type="text"/>
3. Social security wages	<input type="text"/>	<input type="text"/>
4. Social security tax withheld	<input type="text"/>	<input type="text"/>
6. Medicare tax withheld	<input type="text"/>	<input type="text"/>



W-2 Information	1 <sup>st</sup> W-2		2 <sup>nd</sup> W-2	
7. Social security tips	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
8. Allocated tips (not included in box 1)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
10. Dependent care benefits	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
11. Nonqualified plans	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
12. Codes and amounts	Codes	Amounts	Codes	Amounts
12a.	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
12b.	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
12c.	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
12d.	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input type="radio"/> <input type="checkbox"/> Statutory employee	<input type="radio"/> <input type="checkbox"/> Retirement plan	<input type="radio"/> <input type="checkbox"/> Statutory employee	<input type="radio"/> <input type="checkbox"/> Retirement plan
	<input type="radio"/> <input type="checkbox"/> Third-party sick pay		<input type="radio"/> <input type="checkbox"/> Third-party sick pay	
14. SDI, VPDI, or CA SDI (from box 14 or 19)	Type	Amount	Type	Amount
	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
15. State and employer's state ID number	State	Employer's state ID number	State	Employer's state ID number
	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
16. State wages, tips, etc.	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
17. State income tax	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>

This space reserved for 2D barcode