

2017

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

1st W-2

2nd W-2

7. Social security tips

8. Allocated tips (not included in box 1)

10. Dependent care benefits

11. Nonqualified plans

12. Codes and amounts

| | Codes | Amounts | Codes | Amounts |
|------|--|--|--|--|
| 12a. | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <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"/> | <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"/> | <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"/> | <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"/> Statutory employee |
| <input type="radio"/> <input type="checkbox"/> Retirement plan | <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"/> | <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"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> |

16. State wages, tips, etc.

17. State income tax

This space reserved for 2D barcode