TAXABLE YEAR

CALIFORNIA SCHEDULE

2020

Wage and Tax Statement

W-2

Schedule W-2 2029

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

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

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For Privacy Notice, get FTB 1131 ENG/SP

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.

W-2 Information		
a.		Employee's social security number* c. Employer's name
	•	
b.		Employer identification number (EIN) Employer's address
	•	
		City State ZIP code
e.		Employee's first name* Initial* Last name* Suffix*
	•	
f.		Employee's address*
	\odot	
		City* State* ZIP code*
	•	
		Wages, tips, other compensation Social security 'ax withheld Allocated tips (not included in box 1)
1.	•	4. •
		Federal income tax withheld Medicare tax withheld Dependent care benefits
2	•	6. 10.
		Social security wages Social security tips Nonqualified plans
_	•	
		des and amounts
12.		Code Amount Code Amount
12a.	•	12c. •
		Code Amount Code Amount
12b.		12d. •
120.		120.
13.	Ch	eck the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay
	•	Statutory employee Retirement plan Third-party sick pay
		canada, campa, ca
14.	SD	I, VPDI, or CA SD <mark>(</mark> (from box 14 or 19)
		Type Amount 16. State wages, tips, etc.
	\odot	
4-	C+	to and applicative state ID grapher
15.		tte and employer's state ID number State Employer's state ID number 17. State income tax
	•	
	•	

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