Absolute Positioning Schedule W-2 Specifications

Definitions			
	ALPHA	=	A-Z (MUST BE ALL CAPS)
	NUMERIC	=	0-9
	ALPHANUMERIC	=	A-Z (MUST BE ALL CAPS), 0-9

Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID and Doc ID.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	–	–	–	–
4	"Taxable Year" and "Underline"	6	8	13	Conventional form size/style
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
4	"CALIFORNIA SCHEDULE" and "Underline"	69	12	80	Conventional form size/style
5	Tax Year Area "202~~0~~1"	7	6	12	Conventional form size/style
5	Title of Form	31	25	55	Conventional form size/style
5	Form Identifier (W-2) Area	73	4	76	Conventional form size/style
6	Tax Year Area "202~~0~~1"	7	6	12	Conventional form size/style
6	Title of Form	31	25	55	Conventional form size/style
6	Form Identifier (W-2) Area	73	4	76	Conventional form size/style
6	Bold Line	6	–	80	Conventional form size/style
7-13	Form Area	6	–	80	Conventional form size/style
14	Blank Line	–	–	–	–
15-60	Form area with absolute positioning data fields	–	–	–	–
15	a. Employee's social security number	11	9	19	Numeric
15	c. Employer's name	34	35	68	Alphanumeric, no embedded spaces, no symbols or punctuation
16-17	Blank Lines	–	–	–	–
18	b. Employer identification number	11	9	19	Numeric
18	Employer's Address (mandatory)	34	35	68	Alphanumeric, embedded spaces, no punctuation, no symbols other than "/" or "-"
19-20	Blank Lines	–	–	–	–
21	City (mandatory)	34	17	50	Alphanumeric, embedded spaces
21	State (mandatory)	55	2	56	Alpha. If foreign address, leave state field blank.
21	Zip Code	61	19	79	Alphanumeric "-", If US address, Zip Code must be 5 or 9 digits. If foreign address, leave State field blank and enter Foreign Postal Code + 2 alpha character Country Abbreviation at position 78-79
22-23	Blank Lines	–	–	–	–
24	e. Employee's First Name (mandatory)	11	11	21	Alpha, No Embedded Spaces
24	Initial	28	1	28	Alpha or blank
24	Last name (mandatory)	35	35	69	Alpha
24	Employee Suffix	75	4	78	Alpha, or blank
25-26	Blank Lines	–	–	–	–
27	f. Employee Address (mandatory)	11	35	45	Alpha, Embedded Space, no punctuation, no symbols other than "/" or "-"
28-29	Blank Lines	–	–	–	–
30	City (mandatory)	11	17	27	Alphanumeric, Embedded Spaces
30	State (mandatory). Use the Standard Abbreviations in this publication	32	2	33	Alphanumeric, If foreign address, leave state field blank
30	Zip Code	40	19	58	Alphanumeric "-", If US address, Zip Code must be 5 or 9 digits. If foreign address, leave State field blank and enter Foreign Postal Code + 2 alpha character Country Abbreviation at position 57-58.

Advance Draft as of 08/19/21

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Definitions				
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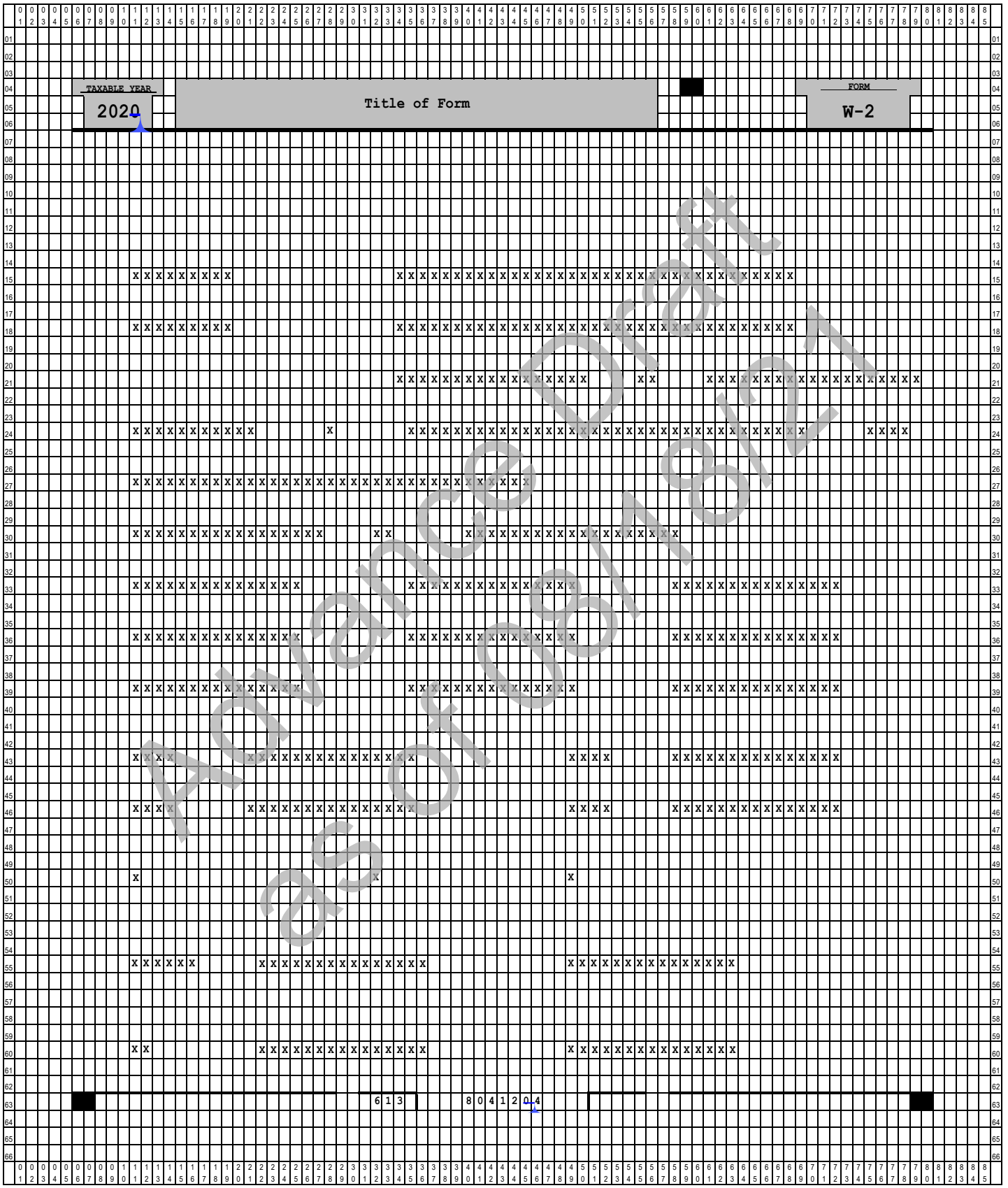
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
31-32	Blank Lines	–	–	–	–
33	1. Wages, tips, other compensation	11	15	25	Numeric
33	4. Social security tax withheld	35	15	49	Numeric
33	8. Allocated tips (not included in box 1)	58	15	72	Numeric
34-35	Blank Lines	–	–	–	–
36	2. Federal Income tax withheld	11	15	25	Numeric
36	6. Medicare tax withheld	35	15	49	Numeric
36	10. Dependent care benefits	58	15	72	Numeric
37-38	Blank Lines	–	–	–	–
39	3. Social security wages	11	15	25	Numeric
39	7. Social security tips	35	15	49	Numeric
39	11. Nonqualified plans	58	15	72	Numeric
40-42	Blank Lines	–	–	–	–
43	12a. Code	11	4	14	Numeric
43	Amount	21	15	35	Numeric
43	12c. Code	49	4	52	Numeric
43	Amount	58	15	72	Numeric
44-45	Blank Lines	–	–	–	–
46	12b. Code	11	4	14	Numeric
46	Amount	21	15	35	Numeric
46	12d. Code	49	4	52	Numeric
46	Amount	58	15	72	Numeric
47-49	Blank Lines	–	–	–	–
50	Statutory employee	11	1	11	Upper X = marked check box Blank = unmarked check box
50	Retirement plan	32	1	32	Upper X = marked check box Blank = unmarked check box
50	Third-party sick pay	49	1	49	Upper X = marked check box Blank = unmarked check box
51-54	Blank Lines	–	–	–	–
55	Type	11	6	16	Alpha
55	Amount	22	15	36	Numeric
55	16. State wages, tips, etc.	49	15	63	Numeric
56-59	Blank Lines	–	–	–	–
60	State (mandatory)	11	2	12	Alpha, If foreign address, leave state field blank
60	Employer's state ID number	22	15	36	Numeric, "-"
60	17. State income tax	49	15	63	Numeric
61	Blank Lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional area Schedule W-2	–	–	–	End of bottom registration mark, anchor mark, and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc ID (mandatory)	40	7	46	Numeric "8041204"

Advance Draft as of 08/18/21

Absolute Positioning Schedule W-2 Entity Area Record Layout

Note: Record Layout is Reduced



Advance Draft as of 8/17