

GUIDELINES FOR ABSOLUTE POSITIONING SCHEDULE W-2

Absolute Positioning Schedule W-2 Specifications

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use <u>Courier</u> , 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID and Doc ID.
	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
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 “2024”	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 “2024”	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, <u>no embedded spaces, no symbols or punctuation</u>
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.

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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 "8041214"

