

2021

Wage and Tax Statement

W-2

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

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.

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

W-2 Information

Form fields for W-2 information including: a. Employee's social security number*, b. Employer identification number (EIN), c. Employer's name, d. Employer's address, e. Employee's first name*, Initial*, Last name*, and Suffix*, f. Employee's address*, 1. Wages, tips, other compensation, 2. Federal income tax withheld, 3. Social security wages, 4. Social security tax withheld, 5. Medicare tax withheld, 6. Social security tips, 7. Social security wages, 8. Allocated tips (not included in box 1), 9. Dependent care benefits, 10. Nonqualified plans, 11. Nonqualified plans, 12. Codes and amounts (12a, 12b, 12c, 12d), 13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay, 14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19), 15. State and employer's state ID number, 16. State wages, tips, etc., 17. State income tax.

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.