

2023

Wage and Tax Statement

W-2

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

a. Employee's social security number*

b. Employer identification number (EIN)

c. Employer's name

Employer's address

City State ZIP code

e. Employee's first name* Initial* Last name* Suffix*

f. Employee's address*

City* State* ZIP code*

1. <input type="radio"/> Wages, tips, other compensation <input type="text"/>	4. <input type="radio"/> Social security tax withheld <input type="text"/>	8. <input type="radio"/> Allocated tips (not included in box 1) <input type="text"/>
2. <input type="radio"/> Federal income tax withheld <input type="text"/>	6. <input type="radio"/> Medicare tax withheld <input type="text"/>	10. <input type="radio"/> Dependent care benefits <input type="text"/>
3. <input type="radio"/> Social security wages <input type="text"/>	7. <input type="radio"/> Social security tips <input type="text"/>	11. <input type="radio"/> Nonqualified plans <input type="text"/>

12. Codes and amounts

12a. <input type="radio"/> Code <input type="text"/> Amount <input type="text"/>	12c. <input type="radio"/> Code <input type="text"/> Amount <input type="text"/>
12b. <input type="radio"/> Code <input type="text"/> Amount <input type="text"/>	12d. <input type="radio"/> Code <input type="text"/> Amount <input type="text"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount

16. State wages, tips, etc.

15. State and employer's state ID number

State Employer's state ID number

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.