

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*	c. Employer's name
<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
b. Employer identification number (EIN)	Employer's address
<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
	City <input type="radio"/> <input type="text"/> State <input type="radio"/> <input type="text"/> ZIP code <input type="radio"/> <input type="text"/>
e. Employee's first name*	Initial* <input type="radio"/> <input type="text"/> Last name* <input type="radio"/> <input type="text"/> Suffix* <input type="radio"/> <input type="text"/>
<input type="radio"/> <input type="text"/>	
f. Employee's address*	
<input type="radio"/> <input type="text"/>	
City* <input type="radio"/> <input type="text"/>	State* <input type="radio"/> <input type="text"/> ZIP code* <input type="radio"/> <input type="text"/>

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

12. Codes and amounts

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

16. State wages, tips, etc.

☐

15. State and employer's state ID number

State	Employer's state ID number
<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

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.