

2022

## 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

☐ GEORGETOWN UNIVERSITY

b. Employer identification number (EIN)

☐ [ ]

Employer's address

☐ [ ]

City

☐ WASHINGTON

State

☐ DC

ZIP code

☐ 20057

e. Employee's first name \*

☐ DOUGLAS

Initial \*

☐ C

Last name \*

☐ EMHOFF

Suffix \*

☐ [ ]

f. Employee's address \*

☐ [ ]

City \*

☐ [ ]

State \*

☐ [ ]

ZIP code \*

☐ [ ]

Wages, tips, other compensation

1. ☐ 169,665

Social security tax withheld

4. ☐ 9,114

Allocated tips (not included in box 1)

8. ☐ [ ]

Federal income tax withheld

2. ☐ 31,447

Medicare tax withheld

6. ☐ 2,537

Dependent care benefits

10. ☐ [ ]

Social security wages

3. ☐ 147,000

Social security tips

7. ☐ [ ]

Nonqualified plans

11. ☐ [ ]

## 12. Codes and amounts

Code

Amount

12a. ☐ E ☐ 5,332

Code

Amount

12c. ☐ [ ] ☐ [ ]

Code

Amount

12b. ☐ DD ☐ 7,912

Code

Amount

12d. ☐ [ ] ☐ [ ]

## 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.

☐ 169,665

## 15. State and employer's state ID number

State

Employer's state ID number

☐ DC ☐ [ ]

## 17. State income tax

☐ 12,822Franchise Tax Board Privacy  
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