TAXABLE YEAR

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

CALIFORNIA FORM

3525

For Privacy Act Notice, get form FTB 1131. Attach this form to Form 540, 540A, 540 2EZ, the Long or Short Form 540NR, or Form 540X.

1 Your first name, middle initial, and last name

2 Your social security number

3 Address (number, street, city, state, and ZIP Code)

PMB no.

4 PLEASE FILL IN THE YEAR AT THE END OF THIS STATEMENT: I notified the Internal Revenue Service that I have been unable to obtain or have received an incorrect Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., from my employer or payer named below.

The amounts shown below are my best estimates of all wages, tips, other compensation (including noncash payments), and retirement payments paid to me, and state taxes and disability insurance withheld by the employer or payer during _____ (year).

5 Employer's or payer's name, address, state, and ZIP Code

PMB no.

6 Federal employer identification number (if known)	**7** State income tax withheld (include the name of the state)	**8** Wages, tips, other compensation, or payments before deductions for taxes, insurance, etc.	**9** State Disability Insurance withheld
10 Dependent care benefits	**11** Nonqualified plans	**12** Gross distributions – Qualified plan distributions (IRA, pension, profit-sharing, etc.)	
13 Taxable amount – Qualified plan distributions (IRA, pension, profit-sharing, etc.)		**14** Capital gain (Included in Box 13)	**15** Other

COMPLETE REVERSE SIDE

FTB 3525 (REV. 2004)   **Side 1**

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16 How did you determine or estimate the amounts in items 7–15?

17 Give the reason why Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts, was not furnished by your employer or payer, if known, and explain your efforts to obtain the form.

Under penalties of perjury, I declare that I have examined this statement and, to the best of my knowledge and belief, it is true, correct, and complete.

18 Your signature

19 Date

Side 2   FTB 3525 (REV. 2004)