Form FTB 5805 Specifications Barcode 1 of 1

| Index/ Field No. | Line/ Box No. | Description | Data Type A = Alpha N = Numeric AN = Alphanumeric | Length | Value/ Comments | Special Printing Instructions on Substitute Form(s) Blank = Print in |
|---------------------|------------------|--|---|--------|---|---|
| | | | X = Checkbox | | | associated field |
| 1 | Header | Header Version Number | N | 2 | T1 | |
| 2 | Header | CTP ID | N | 3 | | |
| 3 | Gov't | Tax Year | N | 4 | YYYY | |
| 4 | Gov't | Form Type | N | 6 | 767 | |
| 5 | Gov't | Software Developer Version | N | 3 | 001. Increment plus 1 for each change to the barcode. | |
| 6 | Gov't | FTB Specification Version | N | 3 | 001. See Header Fields Definitions in Publication 1098, Part II for more information. | |
| 7 | | Taxpayer's First Name | Α | 11 | | |
| 8 | | Taxpayer's Middle Initial | A | 1 | | |
| 9 | | Taxpayer's Last Name | A | 35 | | |
| 10 | | Taxpayer Suffix | A | 4 | | |
| 11 | | Taxpayer's SSN, ITIN, or FEIN | N | 9 | | |
| 12 | 1 | Yes – Penalty Waiver Check box | X | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check mark |
| 13 | 1 | No – Penalty Waiver Check box | Х | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check mark |
| 14 | 2 | Yes – Annualized Income Installment Method Used Check box | X | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check mark |
| 15 | 2 | No – Annualized Income Installment Method Used Check box | X | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check mark |
| 16 | 3 | Yes – California Withholding Installments Check box | X | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check mark |
| 17 | 3 | No California Withholding Installments Check box | Х | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check mark |
| 18 | 3 | N/A – California Withholding Installments Check box | Х | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check mark |
| 19 | 3 | Actual amounts withheld 4/15/17 | N | 15 | | |
| 20 | 3 | Actual amounts withheld 6/15/17 | N | 15 | | |
| 21 | 3 | Actual amounts withheld 9/15/17 | N | 15 | | |
| 22 | 3 | Actual amounts withheld 1/15/18 | N | 15 | | |
| 23 | 4 | Yes - Estates and Trusts Check box | Х | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check mark |
| 24 | 4 | No - Estates and Trusts Check box | Х | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check mark |
| 25 | 13 | Penalty amount | N | 15 | | |

Form FTB 5805 Specifications Barcode 1 of 1

| Index/ Field No. | Line/ Box No. | Description | Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox | Length | Value/ Comments | Special Printing Instructions on Substitute Form(s) Blank = Print in associated field |
|---------------------|------------------|--|--|--------|--------------------|---|
| 26 | 23(a) | Enter Line 18 or 21, whichever is less total | N | 15 | | |
| 27 | 23(b) | Enter Line 18 or 21, whichever is less total | N | 15 | | |
| 28 | 23(c) | Enter Line 18 or 21, whichever is less total | N | 15 | | |
| 29 | 23(d) | Enter Line 18 or 21, whichever is less total | N | 15 | | |
| 30 | | END OF FILE | AN | 5 | *EOD* | |



Form 5805 Barcode Placement Specifications

Comments: Use Courier 12-point font, for CTP ID and Doc. ID (print line 63).

| Print Line Number | <u>Identification</u> | Begin Print <u>Position</u> | Maximum Field <u>Length</u> | End Print <u>Position</u> | Field <u>Description</u> |
|-------------------------|--|-----------------------------------|-----------------------------------|---------------------------------|---|
| 1-3 | Blank lines | _ | _ | - | - |
| 4 | Anchor Mark | 59 | 2 | 60 | Anchor mark, Conventional form size/style |
| 5-53 | Blank lines | _ | _ | - | _ |
| 54-60 | "2D BARCODE" | 7 | 73 | 79 | Conventional form size/style |
| 61 | Blank line | _ | _ | - | G. |
| 62-63 | Bottom Registration Mark, Anchor Mark, and conventional form | _ | _ | - | End of bottom registration mark, anchor mark and conventional form size/style |
| 63 | CTP ID (mandatory) | 32 | 3 | 34 | Numeric |
| 63 | Doc. ID (mandatory) | 40 | 7 | 46 | Numeric. "7671174" (Side 1) |

Form FTB 5805 Barcode Placement Side 1 Record Layout

Note: Record Layout is Reduced

