Scannable Form 540 Specifications

Definitions:	ALPHA = A-Z (I NUMERIC = 0-9 ALPHANUMERIC = A-Z, (I LEFT JUSTIFY = LJ	MUST BE AL)-9	L CAPS)		 12-point font, not bold, for taxpayer data 16) and CTP ID and Doc ID.
Print Line <u>Number</u>	Identification	Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field <u>Description</u>
1-3	Blank lines	-	-	-	-
4	"Taxable Year" and "Underline"	6	8	13	Conventional form size/style
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
4	"Form" and "Underline"	69	11	79	Conventional form size/style
5	Tax Year Area	7	6	12	Conventional form size/style
5	Title of Form	15	37	51	Conventional form size/style
5	Form Identifier (540) Area	70	9	78	Conventional form size/style
6	Tax Year Area	7	6	12	Conventional form size/style
6	Title of Form	15	37	51	Conventional form size/style
6	Form Identifier (540) Area	70	9	78	Conventional form size/style
6	Bold Line	6	-	80	Conventional form size/style
7	Amended	6	7	12	"AMENDED" If Amended = Yes - print "AMENDED" If Amended = No - leave blank
7	Amended Tax Return	16	5	16	"1" If Amended = Yes – Print "1" If Amended = No – Leave blank
7	Account Period Ending	37	3	39	APE"
7	Fiscal Year Ending	42	6	47	MMYYYY or leave blank
7	Federal Return Attachment Area Question – Did Taxpayer attach any federal forms or schedules other than Sch A, or Sch B?	52	29	80	Yes – print "ATTACH FEDERAL RETURN" No – print "DO NOT ATTACH FEDERAL RETURN
8	ARRP Area	78	3	80	Conventional form size/style
9	Taxpayer's SSN (or ITIN) (mandatory)	6	11	16	Numeric, "–"
9	Name Control (First 4 Letters of Last Name) (mandatory)	19	4	22	Alpha, No Embedded Spaces, No symbols or punctuation
_	If Joint or Separate Tax Return, Spouse's/RDP's SSN (or ITIN) (mandatory)	28	11	38	Numeric, ""
9					
9 9	Form Year Indicator (mandatory)	52	2	53	"18"
		52 57	2	53 59	"18" Print "PBA" only when there is a "PBA" code.
9 9	Form Year Indicator (mandatory) Principal Business Activity (PBA)	57	3	59	
9 9 9	Form Year Indicator (mandatory) Principal Business Activity (PBA) Principal Business Activity (PBA) Code	57 63	3	59 68	Print "PBA" only when there is a "PBA" code. Numeric. If the PBA code is less than 6 character LJ and do not populate with zeros. If no PBA code leave PBA field blank.
9 9 9 9	Form Year Indicator (mandatory) Principal Business Activity (PBA) Principal Business Activity (PBA) Code ARRP Area	57 63 78	3 6 3	59	Print "PBA" only when there is a "PBA" code. Numeric. If the PBA code is less than 6 character LJ and do not populate with zeros. If no PBA code leave PBA field blank. Conventional form size/style
9 9 9 9 10	Form Year Indicator (mandatory) Principal Business Activity (PBA) Principal Business Activity (PBA) Code ARRP Area Taxpayer's First Name (mandatory)	57 63 78 6	3 6 3 11	59 68 80 16	Print "PBA" only when there is a "PBA" code. Numeric. If the PBA code is less than 6 character LJ and do not populate with zeros. If no PBA code leave PBA field blank. Conventional form size/style Alpha, No Embedded Spaces
9 9 9 9 10 10	Form Year Indicator (mandatory) Principal Business Activity (PBA) Principal Business Activity (PBA) Code ARRP Area Taxpayer's First Name (mandatory) Taxpayer's Middle Initial	57 63 78 6 19	3 6 3 11 1	59 68 80 16 19	Print "PBA" only when there is a "PBA" code. Numeric. If the PBA code is less than 6 character LJ and do not populate with zeros. If no PBA cod leave PBA field blank. Conventional form size/style Alpha, No Embedded Spaces Alpha, or blank
9 9 9 9 10 10 10	Form Year Indicator (mandatory) Principal Business Activity (PBA) Principal Business Activity (PBA) Code ARRP Area Taxpayer's First Name (mandatory) Taxpayer's Middle Initial Taxpayer's Last Name (mandatory)	57 63 78 6 19 22	3 6 3 11 1 35	59 68 80 16 19 56	Print "PBA" only when there is a "PBA" code. Numeric. If the PBA code is less than 6 character LJ and do not populate with zeros. If no PBA code leave PBA field blank. Conventional form size/style Alpha, No Embedded Spaces Alpha, or blank Alpha
9 9 9 9 10 10	Form Year Indicator (mandatory) Principal Business Activity (PBA) Principal Business Activity (PBA) Code ARRP Area Taxpayer's First Name (mandatory) Taxpayer's Middle Initial	57 63 78 6 19	3 6 3 11 1	59 68 80 16 19	Print "PBA" only when there is a "PBA" code. Numeric. If the PBA code is less than 6 character LJ and do not populate with zeros. If no PBA code leave PBA field blank. Conventional form size/style Alpha, No Embedded Spaces Alpha, or blank

	Sca	nnable Fo	orm 540 Spe	cifications	
Definitions:	ALPHA = A-Z (M NUMERIC = 0-9 ALPHANUMERIC = A-Z, 0- LEFT JUSTIFY = LJ	UST BE AL 9	L CAPS)		ier 12-point font, not bold, for taxpayer data s 7 - 16) and CTP ID and Doc ID.
Print Line		Begin Print	Maximum	End Print	Field
Line Number	Identification	Print Position	Field <u>Length</u>	Print Position	Field Description
	If Joint Tax Return, Spouse's/RDP's First Name				
11	(mandatory)	6	11	16	Alpha, No Embedded Spaces
11	If Joint Tax Return, Spouse's/RDP's Middle Initia	19	1	19	Alpha, or blank
11	If Joint Tax Return, Spouse's/RDP's Last Name (mandatory)	9 22	35	56	Alpha
11	If Joint Tax Return, Spouse's/RDP's Suffix	59	4	62	Alpha, or blank
11	If Joint Tax Return, Spouse/RDP – If Deceased must Enter Date of Death, otherwise, leave blank	l, 65	10	74	Numerio, "", mm-dd-yyyy (e.g., 08-01-2018), or blank
11	ARRP Area	78	3	80	Conventional form size/style
12	Additional Information for In-Care-Of Name or Supplemental Address Information	6	35	40	Alphanumeric, Embedded spaces, No punctuation, no symbols other than "/". If no "in-care-name" and supplemental address information, leave blank.
12	Executor/Guardian	43	35	77	Alphanumeric
12	ARRP Area	78	3	80	Conventional form size/style
13	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/" or ""
13	APT, STE, SP, RM, FL, BLDG, and UN	43	5	47	Alpha, LJ, "APT, STE, Sp, RM, FL, BLDG, or UN". Print only if there is a Number or Letter.
13	APT, STE, SP, RM, FL, BLDG, AND UN Number or Letter	49	5	53	Alphanumeric, LJ, no symbols
13	Private Mail Box (PMB)	56	3	58	Print "PMB" only when there is a "PMB" number or letter.
13	Private Mail Box Number or Letter	60	6	65	Alphanumeric, LJ, or blank
13	ARRP Area	78	3	80	Conventional form size/style
10		70	0	00	Alpha only, Courier 12-point font, any order, or blank D = Taxpayer deceased
13 14	ARRP Area (continued) RP Codes: City (mandatory)	79 6	2	80	C = Spouse/RDP deceased Alphanumeric, Embedded spaces
14	State (mandatory) Use the Standard Abbreviations in this publication.	25	2	26	Alpha. If foreign address, leave State field blank.
14	ZIP Code	29	10	38	Numeric, "", LJ. If foreign address, leave Zip Code field blank.
14	ARRP Area	78	3	80	Conventional form size/style
14	ARRP Area (continued) RP Codes:	78	3	80	Alphanumeric, Courier 12-point font, any order, or blank E = IRC 965 O = Outside the USA U = Military 9 = Disaster
					Alphanumeric, Embedded spaces, or blank.
15	If Foreign Country Name	6	19	24	2-character County Abbreviation may be used.
15	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
15	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank

			Sca	nnable Fo	orm 540 Spe	ecifications	
Definitions:	ALPHA NUMERIC ALPHANUMERIC LEFT JUSTIFY	= A-Z (M = 0-9 = A-Z, 0- = LJ		(MUST BE ALL CAPS) , 0-9			rier 12-point font, not bold, for taxpayer data es 7 - 16) and CTP ID and Doc ID.
Print Line <u>Number</u>	Identification			Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field <u>Description</u>
16	Taxpayer's Date of Birth			6	10	15	Numeric, "-", mm-dd-yyyy (eg., 06-13-1948), or blank
16	If Joint or Separate Tax Return, Spouse's/RDP's Date of Birth			18	10	27	Numeric, ^{1,2} , mm-dd-yyyy (eg., 06-13-1948), or blank
16	Taxpayer's Prior Name (if applic	able)		30	17	46	Alpha, Last name only, or leave blank (e.g., A legal name change done in 2018)
16	If Joint Tax Return, Spouse's/RI Prior Name (if applicable)	DP's		49	17	65	Alpha, Last name only, or leave blank (e.g., Marriage/RDP in the current tax year changes spouse's/RDP's maiden name)
18–51	540 Scanband – See specificati that begin on the next page.	ons		_	_	_	
52-61	Filing Status and Dependent Ch Information Area	neck B	OX	6	-	80	Conventional form size/style
62–63	Privacy Language, Bottom Regi Anchor Mark, and conventional scannable Form 540			_	-0	_	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, "3101186" (Side 1), "3102186" (Side 2), "3103176" (Side 3), "3104186" (Side 4), and "3105186" (Side 5)
63	Paper Return Survey			53	1	53	Vendor specific print reason codes, numeric, "1", "2", "3", "4", "5", "6", or blank
		2		5			

Definitions:	NUMERIC = 0-9 "0" = Will indicate no response "1" = Indicates a box was on Exception: Field No. 0 "2" = Will indicate "FTB 580 RIGHT JUSTIFY = RJ	hecked. 1 (filing stat	,	-	Use Courier 12-point font, not bold, for taxpayer data (print lines 17-50) and CTP ID and Doc ID.	
Print		Begin	Mandatory	Begin	Maximum	
Line Number	Identification	Print Position	Print Field	Field Position	Field <u>Length</u>	Field Description
17	Blank line	_	_	_	-	
18	Filing Status	8	"01"	21	1	"1", "2", "3", "4", or "5"
18	Claiming more than two credits	26	"45"	31	9	Numeric
18	CA Firefighters' Memorial Fund	44	"406"	49	9	Numeric
18	Underpayment of Estimated Tax	62	"113"	67	9	Numeric
19	Claimed as a Dependent on Another Return	8	"06"	21	1	"0", "1"
19	Nonrefundable Renter's Credit	26	"46"	37	3	Numeric
19	Emergency Food For Families					
10	Voluntary Tax Contribution Fund	44	"407"	49	9	Numeric
19	Refund or No Amount Due	62	"115"	67	9	Numeric
20	Personal Exemption Count	8	"07"	15	1	"0", "1", "2"
20	Personal Exemption Amount	_	_	19	3	Numeric, (RJ)
20	Total Credits	26	"47"	31	9	Numeric
20	CA Peace Officer Memorial Foundation Fund	44	"408"	49	9	Numeric
20	Direct Deposit Amount #1	62	"116"	67	9	Numeric
21	Blind Exemption Count	8	"08"	15	1	"0", "1", "2"
21	Blind Exemption Amount		_	19	3	Numeric, (RJ)
21	Subtract Line 47 from Line 35	26	"48"	31	9	Numeric
21	CA Sea Otter Fund	44	"410"	49	9	Numeric
21	Direct Deposit Amount #2	62	"117"	67	9	Numeric
22	Senior Exemption Count	8	"09"	15	1	"0", "1", "2"
22	Senior Exemption Amount		-	19	3	Numeric, (RJ)
22	Alternative Minimum Tax	26	"61"	31	9	Numeric
22	CA Cancer Research		-	-	-	
	Voluntary Tax Contribution Fund	44	"413"	49	9	Numeric
			"ADE"	70	0	Calender year payment = "0" at print position 75. Fiscal year payment =
22	APE	62	"APE"	70	6	"MMYYYY" Numeric, (RJ),
23	Dependent Exemption Count	8	"10"	14	2	For Example "1", "2", "3"…"99"
23	Dependent Exemption Amount	_	_	17	5	Numeric, (RJ)
23	Mental Health Services Tax	26	"62"	31	9	Numeric
23	School Supplies for Homeless Children Fund	44	"422"	49	9	Numeric
23	3800 Attached Box	62	"3800"	75	1	"0", "1"
24	Exemption Amount	8	"11"	13	9	Numeric
24	Other Taxes and Credit Recapture	26	"63"	31	9	Numeric
24	School Supplies for Homeless Children Fund	44	"422"	49	9	Numeric
24	3803 Attached Box	62	"3803"	75	1	"0", "1"
25	State Wages Form(s) W-2	8	"12"	13	9	Numeric
25	Total Tax	26	"64"	31	9	Numeric

Definitions:						
Demnitions:	"0" = Will indicate		Use Courier 12-point font, not bold, for taxpayer data (print			
		ox was checked. eld No. 01 (filing stat	ue) will indicate	filina etatua k	nov checked	lines 17-50) and CTP ID and
		"FTB 5805F" is attac			JUX UNEUKEU.	Doc ID.
	RIGHT JUSTIFY = RJ					
Print Line		Begin Print	Mandatory Print	Begin Field	Maximum Field	Field
<u>Number</u>	Identification	Position	Field	Position	Length	Description
25	Protect Our Coast and Oceans					
	Voluntary Tax Contribution Fund	44	"424"	49	9	Numeric
25	Schedule G-1 Attached Box	62	"SCHG1"	75	1	"0 ³³ , "1 ³⁵
26	Federal AGI	8	"13"	13	9	Numeric
26	CA Income Tax Withheld	26	"71"	31	9	Numeric
26	Keep Arts in Schools					
	Voluntary Tax Contribution Fund	44	"425"	49	9	Numeric
26	5870A Attached Box	62	"5870A"	75	1	"0", "1"
27	CA Adjustments – Subtractions	8	"14"	13	9	Numeric
27	2018 CA Estimated Tax and other pay	ments 26	"72"	31	9	Numeric
27	State Children's Trust Fund for					
	the Prevention of Child Abuse	44	"430"	49	9	Numeric
27	5805 5805F Attached Box	62	"5805" "5805F"	75		"0", "1" = 5805 Attached "2" = 5805F Attached
28	CA Adjustments - Additions	8	"16"	13	9	Numeric
28	Withholding (Form 592-B and/or 593)	26	"73"	31	9	Numeric
28	Prevention of Animal Homelessness					
	and Cruelty Fund	44	"43 <mark>9</mark> "	49	9	Numeric
28	Third Party Designee Field Label	62	"DESIGNEE"	62	8	Alpha, Hardcode "DESIGNEE"
28	Third Party Designee Question		-	75	1	"0" = "No", "1" = "Yes"
29	CA Adjusted Gross Income	8	"17"	13	9	Numeric
29	Excess SDI (or VPDI) Withheld	26	"74"	31	9	Numeric
29	Revive the Salton Sea Fund	44	"432"	49	9	Numeric
29	Tax Preparer ID Number Field Label					
	("Mandatory professional products on	ly") 62	"TPID"	62	4	Alpha, Hardcode "TPID"
29	Tax Preparer ID Number (PTIN)		-	66	1	"P" or blank
29	Tax Preparer ID Number (PTIN) contin ("Mandatory professional products on	ly") –	_	68	8	Numeric, RJ, or blank
29	Tax Preparer ID Number (SSN) contin ("Mandatory professional products on		_	67	9	Numeric, No dashes, RJ, or blank
30	Standard/Itemized Deductions	8	"18"	13	9	Numeric
30	Earned Income Tax Credit	26	"75"	31	9	Numeric
30	California Domestic Violence Victims		"433"	49	9	Numeric
30	Tax Preparer ID Number Field Label ((Mandatory, professional products on	FEIN)	"FN"	62	2	Alpha, Hardcode "FN"
30	Tax Preparer ID Number (FEIN) conti	<i>,</i>	_	67	9	Numeric, No dashes, RJ, or blank
-	· · · · · · · · · · · · · · · · · · ·		"19"		9	Numeric
31	Taxable Income	8	19	13	3	Numeric
31 31	Taxable Income Total Payments	8 26	"76"	13 31	9	Numeric
-			-			

Definitions:	NUMERIC "0" "1" "2"	 = 0-9 = Will indicate no response = Indicates a box was of Exception: Field No. 0 = Will indicate "FTB 580 	hecked.)1 (filing stat			box checked.	Use Courier 12-point font, not bold, for taxpayer data (print lines 17-50) and CTP ID and Doc ID.
	RIGHT JUSTIFY	= RJ			-		
Print Line Number	Identification		Begin Print Position	Mandatory Print Field	Begin Field Position	Maximum Field <u>Length</u>	Field Description
32	Тах		8	"31"	13	9	Numeric
32	Use Tax		26	"91"	31	9	Numeric
32	Type 1 Diabetes Re	esearch Fund	44	"435"	49	9	Numeric
32	3805P Attached Bo		62	"3805P"	75	1	"0", "1"
33	Exemption Credits		8	"32"	13	9	Numeric
33	Payments Balance		26	"92"	31	9	Numeric
33		uth and Government	-	-			
	Voluntary Tax Contr		44	"436"	49	9	Numeric
33	NQDC Attached Bo		62	"NQDC"	75	1	"0", "1"
34	Subtract Line 32 fro		8	"33"	13	9	Numeric
34	Use Tax Balance		26	"93"	31	9	Numeric
34	Habitat for Humanit	v Voluntarv	-				
	Tax Contribution Fu		44	"437"	49	9	Numeric
34	3540 Attached Box		62	"3540"	75	1	"0", "1"
35	Tax from SCH G-1 a	and form FTB 5870A	8	"34"	13	9	Numeric
35	Overpaid Tax		26	"94"	31	9	Numeric
35	California Senior Ci	tizen Advocacy					
	Voluntary Tax Contr	ribution Fund	44	"438"	49	9	Numeric
35	3554 Attached Box		62	"3554"	75	1	"0", "1"
36	Add Line 33 and Lir	ne 34	8	"35"	13	9	Numeric
	Overpaid Tax Applie	ed to 2018					
36	Estimated Taxes		26	"95"	31	9	Numeric
36	Native California Wi	ildlife Rehabilitation					
	Voluntary Tax Contr	ribution Fund	44	"439"	49	9	Numeric
36	3805Z Attached Box	x	62	"3805Z"	75	1	"0", "1"
07	Nonrefundable Chil	d/Dependent		"40"	10	4	Numeratio
37	Care Expenses	hla Thia Vaar	8		18	4	Numeric
37	Overpaid Tax Availa		26	"96" "440"	31	9	Numeric
37 37	3807 Attached Box	oluntary Tax Contribution	44 62	"440" "3807"	49 75	9	Numeric "0", "1"
57	Sour Allached Box	3	02	3607	75	1	Enter 3 digit credit code and the credit amount, for example "17320" designates a Dependent Parent
38	Credit		8	"43"	13	9	Credit for \$20.
38	Tax Due		26	"97"	31	9	Numeric
38	Organ and Tissue D	Donor Registry Voluntary					
	Tax Contribution Fu	ind	44	"441"	49	9	Numeric
38	3808 Attached Box		62	"3808"	75	1	"0", "1"
	0		0	"44"	13	9	Enter 3 digit credit code and the credit amount, for example "183100" designates a Research Credit for \$100.
39	Credit		8	44	1.0		

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Print Line Number	Identification	Begin Print Position	Mandatory Print Field	Begin Field Position	Maximum Field <u>Length</u>	Field Description
39	National Alliance on Mental Illness	FUSILION		FUSILION	Lengun	Description
09	California Voluntary Tax Contribution Fund	44	"442"	49	9	Numeric
39	3809 Attached Box	62	"3809"	75	1	"0", "1"
40	Alzheimer's Disease and Related					
	Dementia Voluntary Tax Contribution Fund	26	"401"	31	9	Numeric
40	Schools Not Prisons Voluntary Tax Contribution		<u>"443"</u>	"443"	49	9 Numeric
40	IRC 453A	62	"IRC 453A"	75	1	"0", "1"
	Rare and Endangered Species Preservation					
41	Voluntary Tax Contribution Program	26	"403"	31	9	Numeric
41	Total Contributions	44	"110"	49	9	Numeric
41	IRC 1341	62	"IRC 1341"	75	1	"0", "1"
42	CA Breast Cancer Research Voluntary					
	Tax Contribution Fund	44	"405"	49	9	Numeric
42	Amount You Owe	44	"111"	49	9	Numeric
43	Interest, late return penalties,			10		
	and late payment penalties	44	"112"	49	9	Alphanumeric
43	Phone	\mathbf{G}	-	65	14	Numeric "()," "," embedded space. no other symbol or punctuation, or blank.
44	Dependent 1 First Name If entry made in this field, there must be entries in "Dependent 1 Last Name" field, "Dependent 1 Relationship" field, and "Dependent 1 SSN" field. Otherwise, all four fields must be blank.			8	11	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Dependent 1 Last Name" field at print line 44, "Dependent 1 SSN" field at print line 45, "Dependent 1 Relationship" field at print line 45. Otherwise, all four fields must be blank.
44	Dependent 1 Last Name If entry made in this field, there must be entries in "Dependent 1 First Name" field. "Dependent 1 Relationship" field and "Dependent 1 SSN" field. Otherwise all four fields must be blank.	5	-	20	17	Alpha. If entry made in this field, there must be entries in "Dependent 1 First Name" field at print line 44, "Dependent 1 SSN" at print line 45, and "Dependent 1 Relationship" field at print line 45. Otherwise, all four fields must be blank.
45	Dependent 1 SSN If entry made in this field, there must be entries in "Dependent 1 First Name" field, "Dependent 1 Last Name" field and "Dependent 1 Relationship" field. Otherwise, all four fields must be blank.	_	_	8	11	Alphanumeric, "–" If entry made in this field, there must be entries in "Dependent 1 First Name" field at print line 44, "Dependent 1 Last Name" field at print line 44 and "Dependent 1 Relationship" field at print line 45. Otherwise, all four fields must be blank.
45	Dependent 1 Relationship If entry made in this field, there must be entries in "Dependent 1 First Name" field, "Dependent 1 Last Name" field and "Dependent 1 SSN" field. Otherwise, all four fields must be blank.	_	-	20	12	Alpha. If entry made in this field, there must be entries in "Dependent 1 First Name" field at print line 44, "Dependent 1 Last Name" field at print line 44, and "Dependent 1 SSN" field at print line 45. Otherwise, all four fields must be blank.
45	,					

				Scannabi	e Band Spec	ifications (Side 1)	
Definitions:	NUMERIC "0" "1" "2" RIGHT JUSTIFY	=	0-9 Will indicate no respon Indicates a box was cl Exception: Field No. 0 Will indicate "FTB 580 RJ	hecked. 1 (filing stat			Use Courier 12-point font, not bold, for taxpayer data (print lines 17-50) and CTP ID and Doc ID.	
Print Line Number				Begin Print Position	Mandatory Print Field	Begin Field Position	Maximum Field	Field Description
45	Direct Deposit of Refund (DDR) Routing Number If entry in this field, there must be entries in "Account Number" Field and "Account Type" Field. Otherwise,			-	-	70	Length	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry made in this field, there mus be entries in the "DDR Account Number" Field at print line 46 and "DDR Account Type" Field at print line 47. Otherwise, all three fields must be blank.
46	all three fields must be blank. Dependent 2 First Name If entry made in this field, there must be entries in "Dependent 2 Last Name" field, "Dependent 2 Relationship" field and "Dependent 2 SSN" field. Otherwise, all four fields must be blank.				6	8	11	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Dependent 2 Last Name" field at print line 46, "Dependent 2 SSN" field at print line 47, and "Dependent 2 Relationship" field at print line 47 Otherwise, all four fields must be blank.
46	Dependent 2 Last N If entry made in th entries in "Depend "Dependent 2 Rela "Dependent 2 SSN four fields must be	is fie lent atior I" fie	eld, there must be 2 First Name" field, hship" field and eld. Otherwise, all	C	0 - N	20	17	Alpha. If entry made in this field, there must be entries in "Dependent 2 First Name" field at print line 46, and "Dependent 2 SSN field at print line 47, and "Dependent 2 Relationship" field at print line 47. Otherwise, all four fields must be blank.
46	DDR "Routing Nur	l, th nbei eld.	ere must be entries in	i c		62	17	Alphanumeric "-," RJ if less than 17 Characters. Otherwise, all three fields must be blank.
47	Dependent 2 SSN If entry made in th entries in "Depend "Dependent 2 Lass and "Dependent 2 Otherwise, all four	is fi lent t Na Rela	2 First Name" field, me" field ationship" field.	5	-	8	11	Alphanumeric, "–" If entry made in this field, there must be entries in "Dependent 2 First Name" field at print line 46, "Dependent 2 Last Name" field at print line 46 and "Dependent 2 Relationship" field at print line 47. Otherwise, all four fields must be blank.
47	Dependent 2 Relati If entry made in th entries in "Depend "Dependent 2 Last "Dependent 2 SSN Otherwise, all four	is fi lent t Na I" fie	eld, there must be 2 First Name" field, me" field and eld.	_	_	20	12	Alpha. If entry made in this field, there must be entries in "Dependent 2 First Name" field at print line 46, "Dependent 2 Last Name" field at print line 46, and "Dependent 2 SSN" field at print line 47. Otherwise, all four fields must be blank.
47	DDR "Account Type If entry in this field in DDR "Routing N "Account Number three fields must b	d the lumi " Fie	eld. Otherwise, all	_	_	78	1	"1" = Checking or "2" = Savings. Otherwise, all three fields must be left blank.

			Form 540 S	Scannable	e Band Spec	cifications (S	Side 1)	
Definitions:	nitions: NUMERIC = 0-9 "0" = Will indicate no response. "1" = Indicates a box was checked. Exception: Field No. 01 (filing status) will indicate "2" = Will indicate "FTB 5805F" is attached at print line RIGHT JUSTIFY = RJ						box checked.	Use Courier 12-point font, not bold, for taxpayer data (print lines 17-50) and CTP ID and Doc ID.
Print Line				Begin Print	Mandatory Print	Begin Field	Maximum Field	Field
Number 48	Identification Dependent 3 First N If entry made in thi entries in "Depend "Dependent 3 SSN "Dependent 3 Rela Otherwise, all four	is fi ent " fie itior	eld, there must be 3 Last Name" field, eld and Iship" field.	Position	<u>Field</u>	Position	Length	Description Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Dependent 3 Last Name" field at print line 48, "Dependent 3 SSN" field at print line 49 and "Dependent 3 Relationship" field at print line 49. Otherwise, all four fields must be blank.
48	Dependent 3 Last N If entry made in thi	e eld, there must be 3 First Name" field, eld and aship" field.		20	20	17	Alpha. If entry made in this field, there must be entries in "Dependent 3 First Name" field at print line 48, "Dependent 3 SSN" field at print line 49 and "Dependent 3 Relationship" field at print line 49. Otherwise, all three fields must be blank. (Exception: If more than four dependents, leave blank.)	
48	DDR2 Label	-		62	"DDR2"	62	4	"DDR2" or blank
48		l, th " Fi€	ere must be entries in eld and "Account Type"	,,	<u>N</u>	70	9	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry is made in this field, there must be entries in the "DDR Account Number" Field at print line 49 and "DDR Account Type" Field at print line 50. Otherwise, all three fields must be blank .
49	Dependent 3 SSN If entry made in th entries in "Depend "Dependent 3 Last and "Dependent 2 Otherwise, all four	ent Na Rela	3 First Name" field, me" field ationship" field.	5	_	8	11	Numeric, "–" If entry made in this field, there must be entries in "Dependent 3 First Name" field at print line 48, "Dependent 3 Last Name" field at print line 48 and "Dependent 3 Relationship" field at print line 49. Otherwise, all four fields must be blank.
49	"Dependent 3 Last "Dependent 3 SSN four fields must be	is fi ent Na " fie bla e bla	eld, there must be 3 First Name" field, me" field and eld. Otherwise, all ink. an three dependents,	_	_	20	12	Alpha. If entry made in this field, there must be entries in "Dependent 3 First Name" field at print line 48, "Dependent 3 Last Name" field at print line 48 and, "Dependent 3 SSN" field at print line 49. Otherwise, all four fields must be blank. (Exception: If more than three dependents, print "SEE ATTACHED".)
49	DDR "Account Num If entry in this field in DDR "Routing N "Account Type" Fie three fields must b	ber" I the uml eld.	ere must be entries ber" Field and Otherwise, all	_	_	62	17	Alphanumeric, "-," RJ if less than 17 Characters. Otherwise, all three fields must be blank.

		Form 540	Julia	Band Spec				
Definitions:	"0" = Will indicate no response. "1" = Indicates a box was checked. "2" = Will indicate "FTB 5805F" is attached at print line 27.						Use Courier 12-point font, not bold, for taxpayer data (print lines 17-50) and CTP ID and Doc ID.	
	RIGHT JUSTIFY	= RJ						
Print Line			Begin Print	Mandatory	Begin	Maximum Field	Field	
Line <u>Number</u>	Identification		Print Position	Print <u>Field</u>	Field <u>Position</u>	Length	Description	
50	Email Address		_	_	8	55	Alphanumeric	
DDR "Accou					0			
50	If entry in this field in DDR "Routing N	" Field. Otherwise, all	_	_	78		"1" = Checking or "2" = Savings. Otherwise, all three fields must be left blank.	
51	Bold Line		6	_	-	80		
				20 20				

Scannable Form 540 Record Layout Note: Record Layout is Reduced

0 0 0 0 1 2 3 4 01	0 0 0 0 1	2 2 2 2 3	1 4 5	6 7 7 7 7 7 7 7 7 7 7 7 7 8 8 8 8 8 8 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 1 1 2 3 4 5 6 0 1 8 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0
02				02 03 03
05	2018	Title of Form		- 540 05 06
07				x x
09 10	P S N X	A S 7 R S N X X X X A S T N M E X		E A S E D X A 10 E C E A S E R 41
11	A D I T I N A L I N F O R A T I I N A L I N F O R A T S T R E T I O N F O R A T	I I	J T O N A M A	
14	C I T Y X	S T Z I P C O E X X I	DSTALCODEXXXXX	
16	P B I R T H D A T E S / R B I R	T H D A P P R I O R L A S T N A M E X X X	S / R P R I O R L A S T N A M E X	
18		4 5 0	0 0	0 0 0 0 0 0 0 10 19
21		4 8 0 0 0 0 0 0 0 4 1 0 6 1 0 0 0 0 0 0 0 4 1 3	0 0	0 0 0 0 0 20 M M Y Y Y 22
23 24	1 0 0 0 0 0 0 1 1 0 0 0 0 0 0	6 2 0 0 0 0 0 0 4 2 2 6 3 0 0 0 0 0 0 4 2 3 6 3 0 0 0 0 0 0 4 2 3	0 0 0 0 0 0 0 0 0 0 3 8 0 0 0 0 0 0 0 0 0 0 0 0 3 8 0 3	0 23 0 24
25	1 2 0 0 0 0 0 0 0 0 1 3 0	6 4 0 0 0 0 0 0 0 0 4 2 4 7 1 0 0 0 0 0 0 0 0 4 2 4 2 5 7 2 0 0 0 0 0 0 0 0 4 3 0	0 0 0 0 0 0 0 0 1 S C H G 1 0 0 0 0 0 0 0 0 S S 7 0 A 0 0 0 0 0 0 0 S S 7 0 A 0 0 0 0 0 0 0 S S S 5 S </td <td>0 225 0 26 0 5 F 0 27</td>	0 225 0 26 0 5 F 0 27
28	1 6 0 0 0 0 0 0 0 0 1 7 0	7 3 0 0 0 0 0 0 0 4 3 1 7 4 0 0 0 0 0 0 0 0 4 3 1	0 0 0 0 0 0 0 0 0 0 D E S I G N E	E 0 21 0 0 28 0 0 0
30 31	1 8 0 0 0 0 0 0 0 1 9 0 0 0 0 0 0 0 0 0	7 5 0 0 0 0 0 0 0 4 3 7 6 0 0 0 0 0 0 4 3 4	0 0 0 0 0 0 F N 0 0 0 0 0 0 0 0 0 C C F N 0 0	0 31
32	3 1 0 0 0 0 0 0 0 0 3 2 0 0 0 0 0 0 0 0 0 0 3 3 0 0 0 0 0 0 0 0 0	9 1 0 0 0 0 0 0 0 0 0 0 0 0 0 4 3 5 9 2 0 0 0 0 0 0 0 0 0 0 0 0 0 4 3 6 9 3 0 0 0 0 0 0 0 0 0 0 0 0 0 4 3 7	0 0 0 0 0 0 3 8 0 5 P 0 0 0 0 0 0 0 N Q D C 0 0 0 0 0 0 0 N Q D C	
35	3 4 0 0 0 0 0 0 0 3 5 0 0 0 0 0 0 0 0	9 4 0 0 0 0 0 0 0 0 0 4 3 8 9 5 0 0 0 0 0 0 0 0 0 4 3 9	0 0 0 0 0 0 3 5 5 4 0 0 0 0 0 0 0 3 5 5 4	0 34 35 0 35
37	4 0 0 0 0 0 0 4 3 0 0 0 0 0 0 0	9 6 0 0 0 0 0 0 4 4 9 7 0 0 0 0 0 0 4 4 1 9 7 0 0 0 0 0 0 4 4 1	0 0 0 0 0 0 0 3 8 0 7 0 0 0 0 0 0 0 0 3 8 0 8 0 0 0 0 0 0 0 0 3 8 0 8	0 37 0 37 38
39 40		4 0 0 0 0 4 4 2 4 0 1 0 0 0 0 0 0 4 4 3 4 0 3 0 0 0 0 0 0 1 1 1 0	0 0 0 0 0 0 0 0 3 8 0 9 0 0 0 0 0 0 0 1 R C 4 5 3 A 0 0 0 0 0 0 0 1 R C 4 5 3 A 0 0 0 0 0 0 0 1 R C 1 3 4 1	0 39 0 40
42		4 0 5 0 0 0 0 0 0 1 1 1 1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0) X X X - X X X X 43
44	D 1 F I R S T N M E 1 A S T D 1 S N X X X X D 1 R E	N A M E X X X X X X X X X L X X X X X X X X N A M E X X X X X X X X X X X		44 0 0 0 0 0 0 0 0 0 0 0 0 45
46	D 2 F I R S T N A M E L A S T D D 2 S N X X X X D D 2 R E D D 3 F I R S T N A M E L A S T	N A M Z X X X X X X X X X X L X X X X X X X X X X N A M Z X X X X X X X X X		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 46 0 0 0 0 0 0 0 0 0 0 0 0 0 0 47 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 48
49 50	D 3 S N X	I x <td>x x</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>	x x	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
51 52	<u></u>			51
53 54 55				53 54 55
56 57		Filing Status and Dependent Check	Box Information Area	56
59				58
61 62				
63 64		613 3101186		63 64
65 66 0 0 0 0			4 4 5 5 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6	65 67 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 8 8 8 8
1 2 3 4	5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3	4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 3	7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8	90123456789012345