

GUIDELINES FOR SCANNABLE FORM FTB 3563

Scannable Form FTB 3563 Specifications

| | | | | |
|--------------|---------------|---|------------------------|--|
| Definitions: | ALPHA | = | A-Z (MUST BE ALL CAPS) | Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63). |
| | NUMERIC | = | 0-9 | |
| | ALPHANUMERIC | = | A-Z, 0-9 | |
| | LEFT JUSTIFY | = | LJ | |
| | RIGHT JUSTIFY | = | RJ | |

| Print Line Number | Identification | Begin Print Position | Maximum Field Length | End Print Position | Field Description |
|-------------------|--|----------------------|----------------------|--------------------|--|
| 1-3 | Blank lines | – | – | – | – |
| 4 | “Form at bottom of page.” | 30 | 29 | 58 | Conventional form size/style |
| 4 | Anchor Mark | 59 | 2 | 60 | Anchor mark, Conventional form size/style |
| 5 | Blank line | – | – | – | – |
| 6-11 | “DO NOT MAIL...” and box | 12 | 62 | 73 | Conventional form size/style |
| 12 | Blank line | – | – | – | – |
| 13-25 | “WHERE TO FILE” and box | 12 | 62 | 73 | Conventional form size/style |
| 26 | Blank line | – | – | – | – |
| 27-37 | “WHEN TO FILE” and box | 12 | 62 | 73 | Conventional form size/style |
| 38-44 | Blank lines | – | – | – | – |
| 45 | “Detach Here”/“Do Not Mail” line | 6 | 75 | 80 | Conventional form size/style |
| 46 | Blank line | – | – | – | – |
| 47 | “Taxable Year” and underline | 6 | 8 | 13 | Conventional form size/style |
| 47 | Title of Form | 15 | 37 | 51 | Conventional form size/style |
| 47 | “California Form” and underline | 69 | 11 | 79 | Conventional form size/style |
| 48 | Taxable Year Area “2018” | 7 | 6 | 12 | Conventional form size/style |
| 48 | Title of Form | 15 | 37 | 51 | Conventional form size/style |
| 48 | Form Identifier (3563 (541)) Area | 70 | 9 | 78 | Conventional form size/style |
| 49 | Taxable Year Area “2018” | 7 | 6 | 12 | Conventional form size/style |
| 49 | Title of Form | 15 | 37 | 51 | Conventional form size/style |
| 49 | Form Identifier (3563 (541)) Area | 70 | 9 | 78 | Conventional form size/style |
| 49 | Bold line | 6 | 75 | 80 | Conventional form size/style |
| 50 | Blank line | – | – | – | – |
| 51 | Estate’s or Trust’s Federal Employer Identification Number (FEIN) (mandatory) | 9 | 10 | 18 | Numeric, “-” |
| 51 | Name Control (All estates use “ESTA” and all trusts use “TRUS”.) (mandatory) | 21 | 4 | 24 | Alpha |
| 51 | Form Year Indicator | 59 | 2 | 60 | “18” |
| 51 | Account Period Ending (APE) | 68 | 3 | 70 | “APE” |
| 51 | APE | 74 | 6 | 79 | Calendar year payment = “0” at print position 79. Fiscal year payment = “MMYYYY” |
| 52 | Name of Estate or Trust (mandatory) | 9 | 33 | 41 | Alphanumeric, no punctuation or symbols |
| 52 | If Deceased, enter “DECD” and Date of Death, (mandatory); otherwise, leave blank | 44 | 17 | 60 | Alphanumeric, “(DECD MM-DD-YYYY)”, or blank |

Scannable Form FTB 3563 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63).
 NUMERIC = 0-9
 ALPHANUMERIC = A-Z, 0-9
 LEFT JUSTIFY = LJ
 RIGHT JUSTIFY = RJ

| Print Line Number | Identification | Begin Print Position | Maximum Field Length | End Print Position | Field Description |
|-------------------|--|----------------------|----------------------|--------------------|---|
| 53 | Name and Title of Fiduciary (mandatory) | 9 | 33 | 41 | Alphanumeric, No punctuation or symbols |
| 54 | Additional Information for In-Care-Of, Representative, or Attention name or other supplemental address information | 9 | 35 | 43 | Alphanumeric, Embedded spaces, No punctuation, No symbols other than “/” . If no in-care-of/representative/attention name or other supplemental address information, leave blank. |
| 54 | Executor/Guardian | 46 | 17 | 62 | Alphanumeric, no punctuation or symbols |
| 55 | Street Address (mandatory) | 9 | 35 | 43 | Alphanumeric, Embedded spaces, No punctuation, No symbols other than “/” or “-” |
| 55 | APT, STE, SP, RM, FL, BLDG, and UN | 46 | 5 | 50 | Alpha, LJ, “APT, STE, SP, RM, FL, BLDG, or UN”. Print only if there is a Number or Letter. |
| 55 | APT, STE, SP, RM, FL, BLDG, and UN Number or Letter | 52 | 5 | 56 | Alphanumeric, LJ, no symbols |
| 55 | Private Mail Box (PMB) | 59 | 3 | 61 | “PMB” . Print only if there is a Number or Letter. |
| 55 | Private Mail Box Number or Letter | 63 | 6 | 68 | Alphanumeric, LJ |
| 56 | City (mandatory) | 9 | 17 | 25 | Alphanumeric, Embedded spaces |
| 56 | State (mandatory) (Use Standard Abbreviations in this publication.) | 28 | 2 | 29 | Alpha, If foreign address, leave state field blank. |
| 56 | ZIP Code | 32 | 10 | 41 | Numeric, “-”, LJ, If foreign address, leave ZIP Code field blank. |
| 57 | If Foreign Country Name | 9 | 19 | 27 | Alphanumeric, Embedded spaces or blank. 2-character Country Abbreviation may be used. |
| 57 | If Foreign Province/State/County | 30 | 17 | 46 | Alphanumeric, Embedded spaces or blank |
| 57 | If Foreign Postal Code | 49 | 16 | 64 | Alphanumeric, Embedded spaces or blank |
| 58 | “Amount of Payment” (mandatory) | 42 | 17 | 58 | Print as: “Amount of Payment” |
| 58 | Estate’s or Trust’s Amount of Payment | 63 | 10 | 72 | Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount at print position 72. Do not use commas. |
| 59-61 | Blank lines | - | - | - | - |
| 62-63 | Bottom Registration Mark, Anchor Mark, and conventional form FTB 3563 | - | - | - | 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, “1231186” |

Scannable Form FTB 3563 Record Layout
 Note: Record Layout is Reduced

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 01 | Form at bottom of page. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS FORM. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 19 | WHERE TO FILE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 32 | WHEN TO FILE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 45 | DETACH HERE | | | | | | | | | | | | | | | IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM | | | | | | | | | | | | | | | DETACH HERE | | | | | | | | | | | | | | | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 46 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | TAXABLE YEAR | | | | | | | | | | | | | | | Title of Form | | | | | | | | | | | | | | | CALIFORNIA FORM | | | | | | | | | | | | | | | 47 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 | 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3563 (541) | | | | | | | | | | | | | | | 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 51 | FEINNOXXXX | | | | | | | | | | | | | | | NCTL | | | | | | | | | | | | | | | 18 | | | | | | | | | | | | | | | APE | | | | | | | | | | | | | | | 000000 | | | | | | | | | | | | | | | 51 |
| 52 | NAME OF ESTATE OR TRUSTXXXXXXXXXXXX (DECD MM-DD-YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 | NAME AND TITLE OF FIDUCIARYXXXXXXXXXXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 | ADDITIONAL INFORMATIONXXXXXXXXXXXX EXECUTORXXXXXXXXXXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 54 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55 | STREET ADDRESSXXXXXXXXXXXX ST EX NOXXX FMB NOXXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56 | CITYXXXXXXXXXXXX ST ZIPCODEXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 | FOREIGN COUNTRY NAME EX FOREIGN/P/S/CXXXX POSTAL CODEXXXXXXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 57 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 | | | | | | | | | | | | | | | | Amount of Payment | | | | | | | | | | | | | | | 0000000000 | | | | | | | | | | | | | | | 58 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 63 | | | | | | | | | | | | | | | | 613 | | | | | | | | | | | | | | | 1231186 | | | | | | | | | | | | | | | 63 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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