

Substitute Forms 565 and 568 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 8 - 18), CTP ID and Doc ID. (print line 63).
 NUMERIC = 0-9 All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	-	-	-	-
4	"Taxable Year" and underline	6	8	13	Conventional form size/style
4	Title of Form	15	37	51	Conventional form size/style
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
4	"California Form" and underline	69	11	79	Conventional form size/style
5	Taxable Year Area "2020"	7	6	12	Conventional form size/style
5	Title of Form	15	37	51	Conventional form size/style
5	Form Identifier (565 or 568) Area	70	9	78	Conventional form size/style
6	Taxable Year Area "2020"	7	6	12	Conventional form size/style
6	Title of Form	15	37	51	Conventional form size/style
6	Form Identifier (565 or 568) Area	70	9	78	Conventional form size/style
6	Bold line	6	75	80	Conventional form size/style
7	Blank line	-	-	-	-
8	RP Area	76	5	80	Conventional form size/style
9	CA SOS File Number (Form 565 – if available; Form 568 – Mandatory)	8	12	19	Numeric, CA SOS File Number must be 12 digits. If less than 12 digits, proceed with zeros. If not available, zero fill (e.g., "000000000000").
9	Entity Name Control (First Four Characters of Entity's Name) (mandatory)	22	4	25	Alphanumeric, no embedded spaces, no symbols or punctuation
9	Federal Employer Identification Number (FEIN) (Form 565 – Mandatory; Form 568 – if available)	28	10	37	Numeric, "-"; zero fill (e.g., "12-3456789" or "00-0000000")
9	Form Year Indicator (mandatory)	54	2	55	"20"
9	RP Area	76	5	80	Conventional form size/style
9	RP Area RP Codes:	77	3	79	Alphanumeric only, Courier 12-point font, any order, or blank 9 = Disaster E = IRC 965 F = CFC Motion Picture Credit
10	Taxable Year Beginning (mandatory)	8	3	10	"TYB"
10	Taxable Year Beginning (mandatory)	13	10	22	Numeric, "-"; Enter "MM-DD-YYYY" for fiscal or calendar year beginning, Enter "00-00-0000" only if TYB is unknown
10	Taxable Year Ending (mandatory)	25	3	27	"TYE"
10	Taxable Year Ending (mandatory)	30	10	39	Numeric, "-"; Enter "MM-DD-YYYY" for fiscal or calendar year ending, Enter "00-00-0000" only if TYE is unknown
11	Name of Limited Partnership, Limited Liability Partnership, REMIC, or Limited Liability Company (mandatory)	8	70	77	Alphanumeric, Embedded spaces, "-", "/", "&," No other symbols or punctuation

GUIDELINES FOR SUBSTITUTE FORMS 565 AND 568

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12	Additional Information for Owner, Representative, or Attention name or supplemental address information	8	35	42	Alphanumeric, Embedded spaces, “/”; No other symbols or punctuation. If no owner/representative/attention name or supplemental address information, leave print line 12 blank.
13	Street Address (mandatory)	8	35	42	Alphanumeric, Embedded spaces, “-”, “/”; No other symbols or punctuation
13	STE, RM, FL, BLDG, and UN	45	5	49	Alpha, “STE, RM, FL, BLDG, or UN” Print only if there is a Number or Letter
13	STE, RM, FL, BLDG, and UN Number or Letter	51	5	55	Alphanumeric, no symbols
13	Private Mail Box (PMB)	58	3	60	“PMB” Print only if there is a Number or Letter.
13	Private Mail Box Number or Letter	62	6	67	Alphanumeric
14	City (mandatory)	8	17	24	Alphanumeric, Embedded spaces
14	State (mandatory) (Use Standard Abbreviations in this publication.)	27	2	28	Alpha. If foreign address, leave State field blank.
14	ZIP Code	31	10	40	Numeric, “-”. If foreign address, leave ZIP Code field blank.
15	If Foreign Country Name	8	19	26	Alphanumeric, Embedded spaces, or blank. 2-character Country Abbreviation may be used
15	If Foreign Province/State/County	29	17	45	Alphanumeric, Embedded spaces, or blank
15	If Foreign Postal Code	48	16	63	Alphanumeric, Embedded spaces, or blank
16	Blank Line	-	-	-	-
17	Accounting Method (mandatory)	8	10	17	“ACCTMETHOD”
17	Accounting Method (mandatory)	19	1	19	Numeric, “1” = “Cash,” “2” = “Accrual,” “3” = “Other” Attach explanation
17	Date Business Started in CA (mandatory)	22	10	31	Numeric, “-”; Enter “MM-DD-YYYY”
17	Total Assets At End of Year (mandatory)	34	6	39	“ASSETS”
17	Total Assets At End of Year (mandatory)	41	15	55	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – at print position 55. Do not use commas.
18	Initial Return (mandatory)	8	7	14	“INITIAL”
18	Initial Return Filed (mandatory)	16	1	16	Numeric, “0” = “No,” “1” = “Yes”
18	Final Return (mandatory)	19	5	23	“FINAL”
18	Final Return Filed (mandatory)	25	1	25	Numeric, “0” = “No,” “1” = “Yes”
18	Amended Return (mandatory)	28	7	34	“AMENDED”
18	Amended Return Filed (mandatory)	36	1	36	Numeric, “0” = “No,” “1” = “Yes”
18	Protective claim (mandatory)	39	10	48	“PROTECTIVE”
18	Protective claim Filed (mandatory)	50	1	50	Numeric, “0” = “No,” “1” = “Yes”
19	Blank Line	-	-	-	-
20 -60	Form area	6	-	80	Conventional form, size/style
61	Blank Line	-	-	-	-

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Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
62-63	Bottom Registration Mark, Anchor Mark, and conventional area of substitute Form 565 or 568	-	-	-	End of bottom registration mark, anchor mark, and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric, replace '613' with your assigned CTP ID
63	Doc. ID (mandatory)	40	7	46	Numeric, "XXXXXXX" (Side 1), "XXXXXXX" (Side 2), "XXXXXXX" (Side 3), "XXXXXXX" (Side 4), "XXXXXXX" (Side 5), "XXXXXXX" (Side 6), and "XXXXXXX" (Side 7)

