Substitute Schedule K-1 (565 and 568) Specifications

Definitions:				
	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 9 – 23) and CTP ID and Doc ID.
	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 (Schedule K-1 565 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 (Schedule K-1 565 or 568) Area	70	9	78	Conventional form size/style
6	Bold Line	6	–	80	Conventional form size/style
7-8	Blank lines	–	–	–	–
9	Taxable Year Beginning (mandatory)	8	3	10	"TYB"
9	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
9	Taxable Year Ending (mandatory)	25	3	27	"TYE"
9	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
10	Partner or Member Identification Number (Mandatory)	8	11	18	Numeric, "–", Enter Individual, SSN or ITIN (e.g., "123-45-6789") or FEIN, (e.g., "12-3456789")
11	Partner or Member's First Name	8	11	18	Alpha, No Embedded Spaces, or blank. If Partner or Member Identification Number is an SSN or ITIN, enter individual's name on print line 11. Otherwise, leave print line 11 blank.
11	Partner or Member's Middle Initial	21	1	21	Alpha, or blank
11	Partner's or Member's Last Name	24	17	40	Alpha, or blank
12	Partner or Member's Name	8	70	77	Alphanumeric, Embedded spaces, "–", "/", "&", No other symbols or punctuation. If Partner or Member Identification Number is a FEIN or Revocable Trust SSN, enter partner's or member's name on print line 12. Otherwise leave print line 12 blank.
13	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) or supplemental address information	8	30	37	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no owner/ representative/attention name/DBA or supplemental address information, leave print line 13 blank.
14	Street Address (mandatory)	8	30	37	Alphanumeric, Embedded spaces, "–", "/", No other symbols or punctuation

Substitute Schedule K-1 (565 and 568) Specifications

Definitions:				
	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 9 – 23) and CTP ID and Doc ID.
	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
15	City (mandatory)	8	17	24	Alphanumeric, Embedded spaces
15	State (mandatory) (Use Standard Abbreviations in this publication.)	27	2	28	Alpha. If foreign address, leave State field blank.
15	ZIP Code	31	10	40	Numeric, "–". If foreign address, leave ZIP Code field blank.
16	If Foreign Country Name	8	19	26	Alphanumeric, Embedded spaces, or blank
17	Blank line	–	–	–	–
18	Limited Partnership, Limited Liability Partnership, REMIC, or Limited Liability Company Federal Employer Identification Number (FEIN) (Schedule K-1 565 – Mandatory; Schedule K-1 568 – if available)	8	10	17	Numeric, "–" or zero fill (e.g., "12-3456789" or "00-0000000")
18	Limited Liability Company, Limited Partnership, Limited Liability Partnership, or REMIC CA SOS File Number (Schedule K-1 565 – if available; Schedule K-1 568 – Mandatory)	26	12	37	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").
19	Name of Limited Partnership, Limited Liability Partnership, REMIC, or Limited Liability Company (mandatory)	8	70	77	Alphanumeric, Embedded spaces, "–", "/", "&", No other symbols or punctuation
20	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) or supplemental address information	8	30	37	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no owner/representative/ attention name/DBA or supplemental address information, leave print line 20 blank.
21	Street Address (mandatory)	8	30	37	Alphanumeric, Embedded spaces, "–", "/", No other symbols or punctuation
22	City (mandatory)	8	17	24	Alphanumeric, Embedded spaces
22	State (mandatory) (Use Standard Abbreviations in this publication.)	27	2	28	Alpha. If foreign address, leave State field blank.
22	ZIP Code	31	10	40	Numeric, "–". If foreign address, leave ZIP Code field blank.
23	If Foreign Country Name	8	19	26	Alphanumeric, Embedded spaces, or blank
24-25	Blank lines	–	–	–	–
26-59	Form area	6	–	80	Conventional form, size/style
60-61	Blank lines	–	–	–	–
62–63	Bottom Registration Mark, Anchor Mark, and conventional area of Schedule K-1 (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), and "XXXXXXX" (Side 4)

Substitute Schedule K-1 (565 and 568) Entity Entry Area Record Layout

Note: Record Layout is Reduced

TAXABLE YEAR		CALIFORNIA FORM
2020	Title of Form	K-1 (XXX)

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TYB  MM-DD-YYYY  TYE  MM-DD-YYYY
PART/MEMIDX
PFIRSTNAMEX  X  PLASTNAMEXXXXXXXX
PARTNER/MEMBERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDITIONALINFORMATIONXXXXXXXXX
STREETADDRESSXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXX  ST  ZIPCODEXXX
FOREIGNCOUNTRYNAMEX

FEINXXXXXX        SOSFILENOXXX
PARTNERSHIP/LLCNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDITIONALINFORMATIONXXXXXXXXX
STREETADDRESSXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXX  ST  ZIPCODEXXX
FOREIGNCOUNTRYNAMEX
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613     XXXXXXX
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