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## All FTB Tax Forms

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### Introduction

The Franchise Tax Board (FTB) prescribes the format of California tax returns, schedules, statements, and declarations. California Revenue and Taxation Code Section 18621.5 gives the FTB the authority to approve or reject any substitute or scannable tax form that is commercially printed, computer-produced, or computer-programmed that do not meet the specifications as defined by the FTB. In exercising this authority, the FTB's primary objectives are to ensure that the tax forms:

- Are compatible with the FTB's automated processing and system needs
- Result in the accurate assessment of the taxpayer's tax liability
- Present information in a uniform pattern

These guidelines are for computerized tax processors, developers of tax software, computer programmers, commercial printers, and others (hereafter referred to as CTPs) who develop and use substitute, scannable, and reproduced tax forms, or who must get the FTB's approval of their substitute, scannable, and reproduced tax forms.

Unless stated otherwise, the term "form" as used in these guidelines includes tax returns, schedules, statements, and declarations.

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### What's New for 2020

**Absolute positioning** – FTB expanded absolute positioning to other forms. We will only approve absolute positioning format for Forms Schedule X, California Explanation of Amended Return Changes, 5805, Underpayment of Estimated Tax by Individuals and Fiduciaries, Scannable and/or 2-D Barcode formats will no longer be available for these forms.

**Form 3500 Redesign Project** – The purpose is to reduce the application to 5 pages and 8 schedules. As part of the redesign, text boxes that are not frequently used will be removed.

**Format changes** – New Lines on PIT Forms as a result of HCM

- Form 540 – 5 new lines
- Form 540NR – 5 new lines
- Form 540 2EZ – 6 new lines

New line on Form 100 and 100W

A new question will be added on Side 3 of Form 100 and Form 100W as a sub question to question U.

**Main Street Small Business Tax Credit** – For the taxable year beginning on or after January 1, 2020, and before January 1, 2021, a Main Street Small Business Tax Credit is available to a qualified small business employer that received a tentative credit reservation from the California Department of Tax and Fee Administration (CDTFA). For more information, get form FTB 3866, Main Street Small Business Tax Credit.

### Obsolete Forms

- Form 3806, Los Angeles Revitalization Zone Net Operating Loss (NOL) Carryover Deduction

### New Forms

- Form 3461, California Limitation on Business Losses
- Form 3568, Alternative Identifying Information for the Dependent Exemption Credit
- Form 3849, Premium Assistance Subsidy
- Form 3853, Health Coverage Exemptions and Individual Shared Responsibility Penalty
- Form 3866, Main Street Small Business Tax Credit
- Form 3895, California Health Insurance Marketplace Statement
- Form 4197, R&TC Section 41 Reporting Requirements

### Voluntary Contribution Funds

Please note the following information regarding the voluntary contributions:

**Repealed Voluntary Contribution Funds** – The following Voluntary Contributions were removed from the returns:

- 441 Organ and Tissue Donor Registry Voluntary Tax Contribution Fund
- 442 National Alliance on Mental Illness California Voluntary Tax Contribution Fund

### Legislative Update

For information regarding legislative changes, go to [ftb.ca.gov/law](http://ftb.ca.gov/law).

## Important Reminders

### Form Year Indicator

Change the Form Year Indicator on all substitute and scannable, absolute positioning, and 2D forms to "20." Exception: For scannable payment Forms 100-ES, 540-ES, 541-ES, and FTB 3522 and 3536 use "21."

### Font

Use Courier 12-point font, **not bold**, for taxpayer data, CTP ID, and Document ID on **all** substitute and scannable tax forms and payment forms. Contact the Substitute Forms Program for specific instances where a smaller font may be used for taxpayer data.

For imaging processing, program tax software to **always** print all alpha characters in upper case.

### Scannable Format

In an effort to expedite processing, reduce costs, and minimize manual intervention, the FTB requests that software companies no longer produce or support the forms below in a format other than scannable:

- Scannable voucher Form 100-ES
- Scannable voucher Form 540-ES
- Scannable voucher Form 541-ES
- Scannable voucher FTB 3519
- Scannable voucher FTB 3522
- Scannable voucher FTB 3536
- Scannable voucher FTB 3537
- Scannable voucher FTB 3538
- Scannable voucher FTB 3539
- Scannable voucher FTB 3563
- Scannable voucher FTB 3582
- Scannable voucher FTB 3582X
- Scannable voucher FTB 3586
- Scannable voucher FTB 3587
- Scannable voucher FTB 3588
- Scannable voucher FTB 3843

### Guidelines for Preparing Absolute Positioning and Substitute Tax Forms

These guidelines are subject to change because of legislative changes, system changes, and/or procedural improvements.

### Instructional Text

Companies may only omit instructional text from their forms. When doing so, be consistent. Examples of such text are: "See instructions," "Attach to Form 540," and "Attach schedule."

### Hard Coded Zeroes

CTPs that produce forms and schedules that have hard coded zeroes, DO NOT allow your software to print zeroes in the fields affected.

### Margins

Substitute tax forms must have margins on all sides at least as large as the margins on the official forms. Generally, margins on the official forms are 1/2" or larger.

### Type Style

The FTB designs California tax forms using InDesign in increments of 6 lines per inch and 10 strike zones per inch. Substitute tax forms must closely resemble the style and type size used on the official forms.

### Paper

Print substitute tax forms on good quality, white, standard, stock machine paper (20 lb.). Use paper that is 8½" x 11".

### Ink

Use black ink.

### Internal Control Numbers (ICN)

- **Personal Income Tax Returns** – Tax software companies may not print Internal Control Numbers (ICN) in the bottom margin on Side 1. Instead, print the ICN in the upper right margin above the form number, Side 1 (in no larger than an 8-point font). See "**Side 1 – Example of ICN placement in top margin**". On the other Sides (2, 3, 4, etc.) of the forms, tax software companies may choose to print the ICN, or symbols, in either the top right or left margin or the bottom left or right margin. When using the bottom margin the ICN, or symbols, must print completely away from the bottom line registration marks and document ID string. See "**Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement.**"
- **Payment forms/vouchers** – Do not place the ICN in the instructional area above print line 45. Instead, print the ICN in the bottom margin. The FTB will not approve payment forms/vouchers that do not have the ICN in the bottom margin.

### Claiming Additional Credits on Personal and Business Entity Tax Forms

#### Form 540 and Form 540NR

Follow the instructions below to program additional credits for Form 540 and Form 540NR. If the taxpayer claims only one or two credits; the credit name; code number (use credit acronyms and code numbers shown on the Credit Names, Acronyms, and Code Number List); and amount should print on the applicable lines of Form 540 and Form 540NR. When a taxpayer claims a credit on Schedule P (540 or 540NR) and the credit is listed in more than one section, total column (b) of the credits that have the same code number and bring the total forward to the applicable line of the form being filed. If the taxpayer has any other credits to claim on Schedule P (540 or 540NR), add the amounts from column (b) for those credits and bring the total forward to the applicable line of the form being filed. It is not sufficient to print "See Schedule P" or "Schedule P Attached" in the "credits" area on Form 540 and Form 540NR. The software **must** bring the credits forward to the applicable line of the form being filed. It is **unacceptable** to use the "more than two credits" line or the "total credits" line if the individual credit lines are blank on Form 540 and Form 540NR.



## ALL FRANCHISE TAX BOARD TAX FORMS

### Form 100, Form 100S, and Form 100W

Follow the instructions below to program additional credits for Forms 100, 100S, and 100W. If the taxpayer claims only one or two credits; the credit name; code number (use credit acronyms and code numbers shown on the Credit Names, Acronyms, and Code Number List); and amount should print on the applicable lines of Forms 100, 100S, and 100W. When a taxpayer claims a credit on Schedule P (100 or 100W), and the credit is listed in more than one section, total column (b) of the credits that have the same code number and bring the total forward to the applicable line of the form being filed. If the taxpayer has any other credits to claim on Schedule P (100 or 100W), add the amounts from column (b) for those credits and bring the total forward to the applicable line of the form being filed. It is not sufficient to print "See Schedule P" or "Schedule P Attached" in the "credits" area on Forms 100, 100S, or 100W. The software **must** bring the credits forward to the applicable line of the form being filed. It is **unacceptable** to use the "more than two credits" line or the "total credits" line if the individual credit lines are blank on Forms 100, 100S, or 100W. **For a list of current and repealed credits (with carryover provisions), see the Credit Names, Acronyms, and Code Number List and Repealed Credits with Carryover Provisions List.**

### Return Processing (RP) Box – Program Codes for Disaster, Taxpayer and Spouse/RDP Deceased Dates, Outside the USA, Military, and CFC Motion Picture Credit

- Processing codes in the ARRP "RP" box help identify personal income tax (PIT) taxpayers with special processing requirements for disaster, taxpayer and spouse/RDP deceased dates, IRC 965 income, outside of the USA, and military designations on all computer-generated absolute positioning Forms 540, 540 2EZ, and 540NR tax returns. The ARRP codes should be hard coded. Use the following "RP" codes PIT returns.

9 = Disaster  
C = Spouse/RDP deceased  
D = Taxpayer deceased  
E = IRC 965  
O = Outside the USA  
U = Military – Combat Zone/Overseas

See the absolute positioning 540 specifications for details on how to program the processing codes in the "RP" box.

- For Business Entity (BE) Income Tax Returns, processing codes in the "RP" box help identify taxpayers with special processing requirements for disaster, IRC 965 income, and CFC motion picture credit on all computer-generated substitute Forms 100, 100S, 100W, 100X, 565, and 568 tax returns. Use the following BE "RP" codes.

9 = Disaster  
E = IRC 965  
F = CFC Motion Picture Credit  
U = Military — Combat Zone/Overseas

See the substitute Forms 100, 100S, 100W, and 100X specifications and substitute Forms 565 and 568 specifications for more information.

FTB Pub. 1095D, Tax Practitioner Guidelines for Computer-Prepared Returns, includes specific instructions about how practitioners should handle their clients' special processing needs.

### "Amount of Payment" – Exception for all Scannable Estimate Payment Forms (Forms/Vouchers 100-ES, 540-ES, 541-ES, and FTB 3536)

To better meet taxpayers' expectations and enable the FTB to optimize efficient processing of scannable estimate payment forms/vouchers (Forms 100-ES, 540-ES, 541-ES, and FTB 3536), we will allow software programs to leave the taxpayer's "Amount of payment" dollar amount blank. This provides a solution for those taxpayers who determine their estimate payment amount at a later date, allowing them to enter the payment amount by hand.

### Definitions of Substitute, Scannable, Absolute Positioning, and Reproduced Tax Forms and Vouchers

#### Substitute Tax Forms and Vouchers

A form or voucher, other than the official FTB form or voucher, that is:

- Computer-produced
- Computer-programmed
- Commercially typeset and printed

The FTB must be able to process substitute tax forms and vouchers in the same manner as the official "handprint" forms and vouchers. Substitute tax forms and vouchers that are electronically processed must duplicate the appearance and layout of the official form and voucher including size of margins, special keying symbols, line numbers, and code numbers.

### Scannable Payment Forms/Vouchers (Forms 100-ES, 540-ES, 541-ES, and forms FTB 3519, 3522, 3536, 3537, 3538, 3539, 3563, 3582, 3582X, 3586, 3587, 3588, and 3843).

The FTB will process all business entity (BE) and personal income tax (PIT) scannable vouchers through an automated imaging system. The scannable vouchers are similar to their official counterparts, with the following exception:

- A taxpayer entity information layout

#### Voucher Size

Vouchers should measure 3½" x 8½." To ensure that the "height" of a voucher is not larger than 4 inches, the FTB will measure from the "DETACH HERE/DO NOT MAIL" line to the edge of the bottom margin, and will not approve any voucher that is more than 4 inches in height.

#### Reproduced Tax Form

A photocopy (or scanned image) of the official FTB form.

**“DO NOT PAPER FILE” Message Requirements**

If your company releases a software package that includes **any** substitute, scannable, absolute positioning, or 2D form that does not have FTB approval, a “DO NOT PAPER FILE” message **must** print on the form in the taxpayer entity area and, if applicable, signature area.

The “DO NOT PAPER FILE” message **must** be large enough to deter users from “whiting it out” and filing the form. The FTB will not provide specifications for “building” the “DO NOT PAPER FILE” message. Software developers may duplicate the “DO NOT PAPER FILE” message example shown on this page, or develop their own. Companies that choose to develop their own “DO NOT PAPER FILE” message must keep the size and type style similar to the example shown on this page.

**Who Must Get Approval for Substitute, Scannable, Absolute Positioning and Reproduced Tax Forms**

**Absolute Positioning, Substitute and Scannable Forms**

Any company, including commercial printers or business forms companies, that develop and use Absolute Positioning, substitute and/or scannable tax forms must get approval from the FTB.

The company must get approval from the FTB if it develops:

- Absolute positioning, substitute and/or scannable tax forms using its own tax software programs.
- Tax software programs to be used with absolute Positioning, substitute and/or scannable tax forms developed by another company.
- Absolute positioning, substitute and/or scannable tax forms for other companies to use with their tax software programs.

**Example of “DO NOT PAPER FILE” message**

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature  Date  Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign Here**

Your email address. Enter only one email address.   Preferred phone number

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (only yours if self-employed)  PIN

Joint tax return? (See instructions)

Firm's address   FEIN

Do you want to allow another person to discuss this tax return with us? See instructions . . .  Yes  No

Print Third Party Designee's Name  Telephone Number

The company must get forms approval from the FTB annually, **before** it releases or distributes absolute positioning, substitute and/or scannable tax forms (that require approval) to its customers or clients.

If your company is described above, your customers or clients do not need to get additional approval from the FTB to use your FTB-approved absolute positioning, substitute and/or scannable tax forms. However, they should verify that your absolute positioning, substitute and/or scannable tax forms have the FTB's approval.

Examples of customers or clients who should verify approval, by asking you for a copy of your FTB approval letter(s), are:

- Tax practitioners who purchase software that produces absolute positioning, substitute and/or scannable tax forms.
- Tax practitioners who purchase absolute positioning, substitute and/or scannable tax forms from commercial printers or business forms companies.
- Software providers who sell the products of tax software developers who design absolute positioning, substitute and/or scannable tax forms.

**Reproductions of Official FTB Tax Forms**

The FTB will accept reproductions of official handprint forms with approval if the reproductions are:

- Facsimiles of the official form produced by photo-offset, photoengraving, photocopying, or other similar reproduction processes.
- Facsimiles of scanned images of the official form.
- Printed with black ink on white paper of substantially the same weight, texture, and quality as the official forms.
- Legible in both the original text of the form and the filled-in data.



## ALL FRANCHISE TAX BOARD TAX FORMS

- The same dimensions as the official form, including the paper and the image reproduced on it.

The signatures on the reproduced forms must be original.

The FTB will accept one-sided reproduced tax forms even if the official form is two-sided. The FTB prefers two-sided reproduced forms that result in the same page arrangement as the official form.

Taxpayers may not file reproduced tax forms that do not meet the preceding guidelines. The FTB considers reproduced tax forms that deviate from the official forms to be substitute tax forms. NOTE:

- Your customers and clients may **not** reproduce any scannable payment form to fill-in by hand. Scannable payment forms/vouchers are strictly for your customers and clients that use a computer to prepare them.
- Publishers may reduce the size of official forms to make them suitable to fit within bound reference material. However, publishers must clearly state on the forms: “**DO NOT PAPER FILE.**”
- **Do not** include any scannable payment forms/vouchers in CD-ROM “Reader” or Library products that your customers will use to print and fill-in by hand.

### Bottom Margin Registration Marks, Anchor Marks, Document ID, and CTP ID Specifications

#### Bottom Margin Registration Marks (For all forms)

- Use a .25 (1/4) line weight rule at print line 62, at position 6 through 28; and at position 58 through 80. [Note: If your company cannot program a .25 (1/4) line weight rule, use a 1-point rule for these positions. See “**Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement.**”]
- Use a 2-point rule (bold) at print line 62, between position 31 through 35 and position 51 through 55.
- A vertical bold line (2-point rule) at vertical position 35 (between print position 35/36) and 50 (between print position 50/51) at print line 62; end at print line 63.
- All bottom margin registration marks (brackets) are a 2-point rule.
- Where possible, allow at least 1/8 of an inch of white space around the bottom margin registration brackets. Otherwise, 1/16 of an inch is acceptable.
- Companies may omit instructional text that begins above or below the form on Side 1, Side 2, etc. However, the bottom margin registration brackets and document ID string **must** remain as shown on the official form.

#### Anchor Marks (For all forms)

Three solid, black, square anchor marks are required on each side/page of the forms.

- The size of the anchor mark is 3/16 of an inch square.
- Where possible, allow 1/4 of an inch of white space around the anchor marks. (**Exception:** Registration marks on print line 62 can touch the bottom anchor marks.)

- Top anchor mark on print line 4, at print positions 59-60.
- Bottom left anchor mark on print line 63, at print positions 6-7.
- Bottom right anchor mark on print line 63, at print positions 79-80.

#### Document ID (Position of contents within the “string”)

All substitute and scannable tax forms **must** contain a document ID string in the bottom margin. Center the document ID string between the brackets of the bottom registration marks (print positions 40 and 46). There **must** be four blank spaces **before** and **after** the document ID string in this open space.

<u>Position</u>	<u>Contents</u>
1-3	Doc ID Number (360, 610, etc.)
4	Side/Page number (1-digit number, exclude text)
5-6	Tax year (2 digits, i.e., “20”)
7	Source code (“4” = absolute positioning or substitute form “6” = scannable form)

- If the form is single-sided (no second side as on payment forms/vouchers), the document ID string will print on the side with form/instructions. Identify side number in document ID string as “1.”
- Multi-sided/paged forms must have a document ID string on all pages. **Exception:** Companies are not required to print the bottom registration marks and document ID string on Side/Page 2, 3, etc., if it contains instructions only.
- The document ID string must contain the updated tax year (i.e., “20” for 2020 tax year forms). **Exception:** Scannable estimate vouchers [Forms 100-ES, 540-ES, 541-ES, FTB 3536, and FTB 3522] will use “21” as the tax year in the document ID string.
- Companies **must** maintain all margins.
- The FTB assigns generic number to use as Document ID. See “**DOC ID LIST (Form Number to Use in Document ID ‘String’)**” for a list of Document IDs for each form.
- Courier font 12-point. **Do not** use bold font.

#### CTP ID (For all forms)

The CTP ID is a three-digit number that the FTB assigns to each software company who wants to develop and use substitute, scannable, and/or reproduced tax forms. Software companies will keep the same CTP ID as long as they participate in the Substitute Forms Program. The FTB will disapprove any substitute and scannable form without a CTP ID.

- Forms without bottom registration marks and a Doc ID (eg., form FTB 8453) must show the company’s three-digit CTP ID in the upper left-hand margin on all sides of the form.
- **Developers of Forms Only**  
Program the software company’s CTP ID to print in the upper left-hand corner on each page of each substitute tax form.

<sup>1</sup>In most cases, FTB will complete the first review of your form(s) within ten business days of receipt.

- **Developers of Software to be Used with Another Company's Forms**  
CTPs must program their three-digit CTP ID to print on print line 63, in print positions 32, 33, and 34. One blank space will follow the CTP ID in position 35 followed by the vertical portion of the left bottom registration mark. See "**Bottom Margin Registration Marks, Anchor Marks, Document ID, and CTP ID Specifications**" and "**Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement**".
- **Developers of Forms and Software**  
CTPs must program their three-digit CTP ID to print on print line 63, in print positions 32, 33, and 34. One blank space will follow the CTP ID in position 35 followed by the vertical portion of the left bottom registration mark. See "**Bottom Margin Registration Marks, Anchor Marks, Document ID, and CTP ID Specifications**" and "**Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement**".
- **Forms Without Bottom Line Registration Marks and Document ID**  
Forms without bottom registration marks and a Document ID, **must** have the three-digit CTP ID in the upper left-hand margin on all sides of the form.
- Courier font 12-point. **Do not** use bold font.

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#### How Does the Forms Approval Process Work?

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1. Complete and submit FTB Letter of Intent (LOI). Once completed, return the LOI to FTB via one of three options: email the completed form to **FTB LOI@ftb.ca.gov**, mail it to the address on the LOI or fax to 916.845.4788. Once the FTB receives your company's completed LOI, the FTB will:
  - Assign your company a three-digit CTP ID number, if your company is new to the program. Otherwise, companies keep and use the same number previously assigned.
  - Acknowledge receipt of the LOI and provide the access to the State Exchange System (SES).
  - Add your company's name to the Substitute Forms Program email distribution list to receive advance drafts and final proofs of California tax forms and instructions (and other pertinent information that your company may need).
2. Submit all forms that require approval to the FTB for review before you distribute or release them, or related products, to your customers or clients. See the "**DO NOT PAPER FILE Message Requirements**" and "**Submitting Forms to the FTB for Approval**" for more information.  
**Do not submit forms for review until the FTB posts the final version on the State Exchange System (SES).**
3. When we receive your company's review package, we will acknowledge receipt by using email or SWIFT. The acknowledgement will include the following information:

- Company contact name
- Company name
- The package number
- Review package cover letter date
- The expected review completion date
- The contents of the review package

4. When we complete our review, we will respond back to vendors electronically using email or SWIFT<sup>1</sup>, dependent on method used to submit packages (see "**Submitting Forms to the FTB for Approval**").

Please note the following:

- Companies **do not** have to resubmit forms with "conditionally approves" result. However, companies **must** make all necessary corrections before they release those forms to their customers or clients.
- If the results of the review indicate a form is "disapproved," companies must resubmit the form after they make the corrections. For instructions on how to resubmit a "disapproved form," see "**Submitting Forms to the FTB for Approval**."
- The FTB **does not** review or approve the logic of specific software programs or confirm the calculations entered on all tax forms output from software programs. The accuracy of software programs is the responsibility of the software developer, distributor, and user.
- If you submit forms printed from different printers, identify the printer type with a removable note on the front of the form (or write the printer type on the back). (This applies to those forms submitted to the FTB via hard copy, not through SWIFT.)

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#### Electronic Forms Review Process

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For 2020 we will continue to use the electronic forms review process SWIFT, with the zip file naming convention as revised last year. The naming convention should contain all of the following:

- 3-digit CTP ID number
- 4-digit year (YYYY)
- 2-digit month (MM)
- 2-digit day (DD)
- 2-digit version (XX) followed by .zip:  
(ex. 0512020081201.zip)

Files the company submits through SWIFT with an incorrect file name will receive an automatic acknowledgement response stating the package was rejected and give reasons why. To ensure an efficient transmission, please refer to the naming convention above.

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#### What the Company Should Do for its Customers and Clients

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Provide your customers and clients with all of the information and instructions they need to produce accurate substitute and scannable tax forms. The information and instructions that you provide should clearly inform your customers and clients about:

## ALL FRANCHISE TAX BOARD TAX FORMS

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- The hardware requirements they will need to successfully “run” your software product.
- The printer requirements necessary to print FTB-approved forms (including a complete list of printers that your software does **not** support; the printer fonts they will need to print the required graphics, etc.; and how to use printer font cartridges, if applicable).
- How to get software enhancements and the importance of “loading” them to their PCs.
- The importance of registering their business name and address with your company, if applicable.
- The importance of complying with error messages and edit checks, that they may see as a “pop-up” message on their PC screen.
- All other information that helps to ensure they use your software products correctly.
- How to enter taxpayer name and address information in the entity area on all personal income tax returns.

Also, upon request:

- Provide your customers and clients with a copy of your FTB forms approval letter(s).
- Provide a copy of notice(s) of correction(s) to software sent to your customers and clients.

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### Submitting Forms to FTB for Approval

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**Do not** submit forms for review until the FTB posts the final version on the State Exchange System (SES). Doing so will increase delays in the review process. Before a company submits any forms to the FTB for approval, we recommend a review of the following:

- “What’s New for 2020”
- “Important Reminders”
- “Forms That Require the FTB Approval”
- “Substitute Tax Forms”
- “Guidelines for Personal Income Tax (PIT) Scannable Payment Forms/Vouchers”
- “Guidelines for Business Entity (BE) Scannable Payment Forms/Vouchers”
- “Guidelines for Absolute Positioning”

#### First Submission

To avoid delays in the review process, follow these instructions:

1. Include a cover letter with **every review package**.
2. If your company’s software product does not support a particular field or field size, etc., indicate this fact in the company’s cover letter. **This is very important.**
3. Number of forms that you **must** submit:

**Substitute Forms 100, 100S, 100W, 100X, 565, and 568; and Substitute Schedules K-1 (100S), K-1 (565), and K-1 (568):** For electronic process, submit 3 original samples with different taxpayer information. For paper process, submit 2 copies of 3 original samples with different taxpayer information.

**Scannable PIT and BE Payment Forms/Vouchers:** For electronic process, submit 3 original samples with different taxpayer information. For paper process, submit 2 copies of 3 original samples with different taxpayer information.

**All other forms:** For electronic process, submit 1 original max filled sample with taxpayer information. For the 8000 series forms, please submit for review through SWIFT under a separate package from other FTB forms. For paper process, submit 2 copies of 1 original max filled sample with taxpayer information. Sample pages should not be double-sided. **Do not submit any blank forms.**

- Use the Absolute Positioning Tax Form Approval Checklist
- Use the Submitting PIT Scannable Payment Forms/vouchers 540-ES, 541-ES, FTB 3519, 3563, 3582, 3582X, and 3843 Approval Checklist
- Use the Submitting BE Scannable Payment Forms/Vouchers 100-ES, FTB 3522, 3536, 3537, 3538, 3839, 3586, 3587, and 3588 Approval Checklist

4. The FTB recommends that you use a courier, freight, or UPS service when you submit your forms for review. This will help ensure that the Tax Forms Dev & Dist Section receives your review package on the same day it is received at the FTB. If you prefer to use the U.S. Postal Service “regular mail service,” see “**How to Contact the FTB Regarding Substitute, Scannable, Absolute Positioning, and Reproduced Tax Forms.**”

- For electronic review process, send forms by SWIFT Select the **ToFTB** folder
  - Click “Upload File” button
- For paper review process, send forms by courier, freight, or UPS to:

**ATTN: Substitute Forms  
TAX FORMS DEV & DIST SECTION  
FRANCHISE TAX BOARD  
9646 BUTTERFIELD WAY M/S F 284  
SACRAMENTO CA 95827**

In most cases, FTB will complete the first review of your form(s) within ten business days of receipt.

#### Second and subsequent review for approval

##### Paper/Electronic Resubmission

Include a cover letter with your resubmitted review package and indicate in caps, “**RESUBMISSION**” where it can be easily seen. **This is critical.** If your company’s software product does not support a particular field or field size, etc., indicate this fact in the company’s cover letter.

If any forms in a 2D package need to be resubmitted, you can resubmit them individually for review. For more information on submitting 2D barcode forms, see the **Publication 1098 Part II, Annual Requirements and**

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**Specifications for the Development of 2D Barcode.**

To avoid delays in any second review process, follow these instructions:

1. Make all corrections identified at first review.
2. If you submit paper forms printed from different printers, identify the printer type with a removable note on the front of the form (or write the printer type on the back).
3. If you submit paper forms, you must resubmit a hard copy document for us to review.
4. Do not mix resubmit form(s) with first time form(s) submission. The turnaround time response back to vendors with these type of forms are different.

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**Benefits of Following the Guidelines for the Development and Use of Substitute, Scannable, Absolute Positioning and Reproduced Tax Forms**

- The FTB will be able to complete its review and respond quickly (within ten business days from date received).
- The FTB will be able to process approved CTP tax forms which will result in fast, accurate processing, and quick refunds for your customers' clients.
- Software companies will have satisfied customers and clients who have confidence in the software product(s) they use.

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**Consequences of Not Following the Guidelines for the Development and Use of Substitute, Scannable, Absolute Positioning, and Reproduced Tax Forms**

The FTB will work with CTPs to correct any errors found on their tax forms during review. However, if a software company releases forms that fail to follow the “**Guidelines for the Development and Use of Substitute, Scannable, Absolute Positioning and Reproduced Tax Forms,**” the FTB:

- Will require the software company contact person to send proof (e.g., revised forms, excerpts from revised user manuals, release letters for new versions of software, etc.) that the company corrected all errors and notified their customers and clients of the corrections.
- Will publish the software company name in certain publications and the FTB website, stating that the software company did not follow the “**Guidelines for the Development and Use of Substitute, Scannable, Absolute Positioning and Reproduced Tax Forms.**” The FTB will publicize such a violation even if the software company subsequently corrects all errors.
- May notify taxpayers, if the software company fails to correct all errors, that their refund was delayed because the software company's tax forms did not have the FTB approval.

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**How to Contact the FTB Regarding Substitute, Scannable, Absolute Positioning and Reproduced Tax Forms**

For questions about the Substitute Forms Program, contact your assigned account agent or send email to [substituteforms@ftb.ca.gov](mailto:substituteforms@ftb.ca.gov).

To mail correspondence regarding substitute, scannable, and reproduced tax forms and related issues:

**ATTN: SUBSTITUTE FORMS  
TAX FORMS DEV & DIST SECTION  
FRANCHISE TAX BOARD  
PO BOX 1468 M/S F 284  
SACRAMENTO CA 95812-1468**



**ALL FRANCHISE TAX BOARD TAX FORMS**

**DOC ID LIST (Form Number to Use in Document ID “String”)**

FTB Form No.	Doc ID No.	FTB Form No.	Doc ID No.	FTB Form No.	Doc ID No.	FTB Form No.	Doc ID No.
100	360	3510	728	3801	745	D (568)	780
100-ES	610	3514	846	3801-CR	746	D-1	781
100S	361	3519	122	3802	747	EO (565)	832
100W	362	3520 PIT	855	3803	748	EO (568)	833
100-WE	700	3520 BE	856	3805E	750	G-1	782
100X	363	3520 RVK	857	3805P	751	H (100)	783
109	364	3521	730	3805 Q	752	H (100S)	784
199	365	3522	611	3805V	753	H (100W)	785
540	310	3523	731	3805Z	754	J (541)	786
540-ES	120	3525	834	3807	756	K-1 (100S)	787
540 2EZ	311	3526	732	3808	757	K-1 (541)	788
540NR	313	3531	844	3809	758	K-1 (565)	789
541	316	3532	848	3814	854	K-1 (568)	790
541-A	701	3533	733	3832	759	P (100)	795
541-B	702	3533-B	851	3834	760	P (100W)	796
541-ES	121	3534	858	3840	842	P (540)	797
541-QFT	317	3535	859	3843	128	P (540NR)	798
541-T	703	3536	622	3849	867	P (541)	799
565	366	3537	612	3853	866	QS	800
568	367	3538	621	3864	761	R	801
570	368	3539	614	3866	872	S	802
587	704	3540	735	3885	762	W-2	804
588	705	3541	830	3885A	763	X	853
589	810	3544	815	3885F	764	RDP	
590	706	3544A	822	3885L	765	Worksheet	811
590-P	707	3546	736	3885P	766		
592	708	3547	737	3895	865		
592-A	709	3548	738	4197	868		
592-B	710	3551	829	5805	767		
592-F	808	3554	843	5805F	768		
592-PTE	861	3563	123	5806	769		
592-Q	862	3568	869	5870A	770		
592-V	127	3574	741	B (100S)	771		
593	860	3576	124	C (100S)	772		
593-V	812	3577	615	CA (540)	773		
1067A	716	3578	616	CA (540NR)	774		
1067B	717	3579	617	D (100S)	775		
1115	718	3580	742	D (540)	776		
1117	719	3581	807	D (540NR)	777		
2416	720	3582	125	D (541)	778		
2424	721	3582-X	130	D (565)	779		
3461	870	3586	618				
3500	722	3587	619				
3500A	809	3588	620				
3502	850	3592	845				
3503	724	3593	849				
3504	852	3596	847				
3506	725	3725	743				
3507	726	3726	813				
3509	831	3800	744				

For a full 7-digit Document ID, the positions are parsed as follows:

- |               |   |
|---------------|---|
| Position      | Contents  |
| 1-3 . . . . . | Doc ID Number (360, 610, etc.)                            |
| 4 . . . . .   | Side/Page number (1-digit number, exclude text)           |
| 5-6 . . . . . | Tax year (2 digits, i.e., “20”)                           |
| 7 . . . . .   | Source code (“4” = substitute form, “6” = scannable form) |



**Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement**

- **Side 1 – Example of ICN placement in top margin. Required on Form 540NR.**

6 59 60 80

TAXABLE YEAR **2020** **California Nonresident or Part-Year Resident Income Tax Return** **540NR**

Sample ICN → CA540NR110606

CALIFORNIA FORM

Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2021.

- **Example of ICN, Bottom Registration Marks, and Document ID**

- Use on Side 1 of all substitute forms and vouchers.
- Use on Side 2 of ALL forms and vouchers.

*Example includes the document ID string with CTP ID, Anchor Marks, and sample ICN placement.*

6 7 28 31 32 33 34 35 36 40 46 50 51 52 55 56 57 58 78 79 80

For Privacy Notice, get FTB 1131 ENG/SP. CA3506110607 – Sample ICN\*

613 7631204 0 FTB 3885A 2020

-62  
-63  
-64  
-65  
-66

- **Exception: Example of bottom registration marks. To use on Side 1 of Form 540NR. No data must print in the footer on these forms. (Example uses absolute positioning 540 document ID.)**

6 7 28 31 32 33 34 35 36 40 46 50 51 52 55 56 57 58 78 79 80

613 3101204 0 Form 540 2020 Side 1

-62  
-63  
-64  
-65  
-66

\* Other than the *Exception Example* forms on Side 1, companies may place the ICN in the bottom margin on either the left or right of the bottom registration marks. The ICN should print between print positions 11 and 28 on the left, or print positions 57 through 75 on the right.

## ALL FRANCHISE TAX BOARD TAX FORMS

### Forms That Require FTB Approval

**Do not submit any blank forms.** Number of forms that you **must submit**:

- **Substitute Forms 100, 100S, 100W, 100X, 540, 540 2EZ, 540NR, 565, 568, 5805; and Substitute Schedules K-1 (100S), K-1 (565), K-1 (568) and X:** For electronic process submit 3 original samples with different taxpayer information. For paper process, submit 2 copies of 3 original samples with different taxpayer information. Sample pages should not be double-sided.
- **Scannable PIT and BE Payment Forms/Vouchers:** For electronic process submit 3 original samples with different taxpayer information. For paper process, submit 2 copies of 3 original samples with different taxpayer information. Sample pages should not be double-sided.
- **All other forms:** For electronic process submit 1 original sample with taxpayer information. For paper process, submit 2 copies of 1 original sample with taxpayer information. Sample pages should not be double-sided.

Form	What FTB will review
Form 100	form, shading, entity data placement (including codes for "RP" box), keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Scannable Form 100-ES*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, form size, anchor marks, bottom registration marks, source code "6"
Form 100S	form, shading, entity data placement (including codes for "RP" box), keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 100W	form, shading, entity data placement (including codes for "RP" box), keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 100-WE	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 100X	form, shading, entity data placement (including codes for "RP" box), keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 109	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 199	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Scannable Form 540-ES*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, form size, bottom registration marks, source code "6"
Form 540	form, shading, entity data placement (including codes for ARRP "RP" box), keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4", paper filing survey code
Form 540 2EZ	form, shading, entity data placement (including codes for ARRP "RP" box), keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4", <b>paper filing survey code</b>
Form 540NR	form, shading, entity data placement (including codes for ARRP "RP" box), keying symbols, 4-digit decimal placement on Side 2, line 36, line 38, and line 54, CTP ID, document ID, anchor marks, bottom registration marks, source code "4", <b>paper filing survey code</b>
Form 541	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 541-A	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 541-B	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 541-QFT	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 541-T	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Scannable Form 541-ES*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, form size, anchor marks, bottom registration marks, source code "6"
Form 565	form, shading, entity data placement (including codes for "RP" box), keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 568	form, shading, entity data placement (including codes for "RP" box), keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 570	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 587	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 588	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 589	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 590	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 590-P	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 592	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 592-A*	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"

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<b>Form</b>	<b>What FTB will review</b>
Form 592-B	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 592-F	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 592-PTE	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 592-Q*	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 592-V*	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 593	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Form 593-V*	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 1067A	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 1067B	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 1115	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 1117	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 2416	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 2424	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
<b>FTB 3461 (NEW)</b>	<b>CTP ID, document ID, anchor marks, bottom registration marks, source code "4"</b>
FTB 3500	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3500A	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3502	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3504	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3503	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3506	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3507	keying symbol, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3509	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3510	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3514	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Scannable FTB 3519*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
FTB 3520-PIT	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3520-BE	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3520-RVK	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3521	keying symbol, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Scannable FTB 3522*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
FTB 3523	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3525	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3526	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3531	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3532	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3533-B	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3533	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3534	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3535	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Scannable FTB 3536*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
Scannable FTB 3537*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
Scannable FTB 3538*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"

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Form	What FTB will review
Scannable FTB 3539*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
FTB 3540	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3541	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3544	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3546	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3547	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3548	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3551	keying symbol, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3554	keying symbol, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Scannable FTB 3563*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
FTB 3574	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3576	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3577	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3578	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3579	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3580	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3581	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Scannable FTB 3582*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
Scannable FTB 3582X*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
Scannable FTB 3586*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
Scannable FTB 3587*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
Scannable FTB 3588*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
<b>FTB 3568 (NEW)</b>	<b>CTP ID, document ID, anchor marks, bottom registration marks, source code "4"</b>
FTB 3592	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3596	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3725	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3726	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3800	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3801	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3801-CR	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3802	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3803	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3805E	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3805P	form, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3805Q	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3805V	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3805Z	form, keying symbol, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3807	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3808	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"

**ALL FRANCHISE TAX BOARD TAX FORMS**

<b>Form</b>	<b>What FTB will review</b>
FTB 3809	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3814	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3832	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3834	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3840	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
Scannable FTB 3843*	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
<b>FTB 3849 (NEW)</b>	<b>CTP ID, document ID, anchor marks, bottom registration marks, source code "4"</b>
<b>FTB 3853 (NEW)</b>	<b>CTP ID, document ID, anchor marks, bottom registration marks, source code "4"</b>
FTB 3864	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
<b>FTB 3866 (NEW)</b>	<b>CTP ID, document ID, anchor marks, bottom registration marks, source code "4"</b>
FTB 3885	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3885A	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3885F	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3885L	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3885P	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
<b>FTB 3895 (NEW)</b>	<b>CTP ID, document ID, anchor marks, bottom registration marks, source code "4"</b>
<b>FTB 4197 (NEW)</b>	<b>CTP ID, document ID, anchor marks, bottom registration marks, source code "4"</b>
FTB 5805	form, entity data placement, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 5805F	form, keying symbols CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 5806	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 5870-A	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 8453	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-C	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-EO	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-FID	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-FID (PMT)	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-LLC	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-OL	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-P	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453 (PMT)	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-BE (PMT)	form, 3-digit CTP ID in upper left-hand top margin
FTB 8454	form, 3-digit CTP ID in upper left-hand top margin
FTB 8455	form, 3-digit CTP ID in upper left-hand top margin
FTB 8455-FID	form, 3-digit CTP ID in upper left-hand top margin
FTB 8879	form, 3-digit CTP ID in upper left-hand top margin
FTB 8879-FID	form, 3-digit CTP ID in upper left-hand top margin
FTB 8879 (PMT)	form, 3-digit CTP ID in upper left-hand top margin
SCH B (100S)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH C (100S)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH CA (540)	form, shading, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH CA (540NR)	form, shading, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, 4-digit decimal placement on Part IV, line 4, source code "4"
SCH D (100S)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH D (540)	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH D (540NR)	form, keying symbols CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH D (541)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"



## ALL FRANCHISE TAX BOARD TAX FORMS

Form	What FTB will review
SCH D (565)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH D (568)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH D-1	form, keying symbols CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH EO (565)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH EO (568)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH G-1	form, keying symbols CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH H (100)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH H (100S)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH H (100W)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH J (541)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH K-1 (100S)	form, entity placement, Shareholder name and identifying number in new fields, shading, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH K-1 (541)	form, shading, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH K-1 (565)	form, entity placement, Partner name and identifying number in new fields, shading, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH K-1 (568)	form, entity placement, Member name and identifying number in new fields, shading, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH P (100)	form, shading, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH P (100W)	form, shading, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH P (540)	form, shading, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH P (540NR)	form, shading, keying symbols, 4-digit decimal placement on Side 2, line 38 and line 42, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH P (541)	form, shading, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH QS	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH R (includes SCH R-7)	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH S	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH W-2	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
SCH X	form, entity data placement, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
RDP Worksheet	form, shading, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"

\* Form **must** print at the bottom of the paper. Scannable Forms 100-ES, 540-ES, and 541-ES and substitute payment Forms 592-A, 592-V, 592-Q, and 593-V: **Do not** print more than one payment form/voucher per sheet of paper.

All forms must have the bottom margin registration marks, if applicable, and must include the correct document ID string. When two official forms print on the same sheet of paper, the form on top is the FTB form number used in the document ID string.

See "**DOC ID LIST (Form Number to Use in Document ID "String")**" for a complete list of the FTB forms and the correct "Doc ID Number" to use.

Also see "**Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement,**" for more information.

Please note the following:

- If forms and schedules have hard coded zeroes, DO NOT allow your software to print zeroes in the fields affected
- When you develop your forms DO NOT include combed lines. Computer-generated forms **DO NOT** require hand-constrained monetary boxes for alpha characters (i.e., name and address). However, all alpha characters **must** print in upper case.
- Forms that don't have bottom margin registration marks and a Doc ID **must** include the company's 3-digit CTP ID in the upper left-hand margin on all sides of the form.

**Standard Abbreviations**

AIR FORCE BASE	AFB
APARTMENT	APT
AVENUE	AV
BOULEVARD	BL
BUILDING	BLDG
CAUSEWAY	CSWY
CENTER	CTR
CIRCLE	CIR
COURT	CT
CROSSING	XING
DEPARTMENT	DEPT
DRIVE	DR
EAST*	E
EXPRESSWAY	EXPY
FLOOR	FL
FREEWAY	FWY
HIGHWAY	HWY
LANE	LN
LOOP	LP
NORTH*	N
NORTHEAST*	NE
NORTHWEST*	NW
NUMBER/#	NO (Do not use # sign)
PARKWAY	PKY
PLACE	PL
PLAZA	PLZ
POINT	PT
POST OFFICE BOX	PO BX
ROAD	RD
ROOM	RM
SAN/SANTO	SN
SOUTH*	S
SOUTHEAST*	SE
SOUTHWEST*	SW
SPACE	SP
SQUARE	SQ
STREET	ST
SUITE	STE
TERRACE	TER
TRACK	TRAK
UNIT	UN
WALK	WK
WALKWAY	WKWY
WAY	WY
WEST*	W

**State or U.S. Possessions**

ALABAMA	AL
ALASKA	AK
AMERICAN SAMOA	AS
ARIZONA	AZ
ARKANSAS	AR
CALIFORNIA	CA
COLORADO	CO
CONNECTICUT	CT
DELAWARE	DE
DISTRICT OF COLUMBIA	DC
FEDERATED STATES OF MICRONESIA	FM
FLORIDA	FL
GEORGIA	GA
GUAM	GU
HAWAII	HI
IDAHO	ID
ILLINOIS	IL
INDIANA	IN
IOWA	IA
KANSAS	KS
KENTUCKY	KY
LOUISIANA	LA
MAINE	ME
MARSHALL ISLANDS	MH
MARYLAND	MD
MASSACHUSETTS	MA
MICHIGAN	MI
MINNESOTA	MN
MISSISSIPPI	MS
MISSOURI	MO
MONTANA	MT
NEBRASKA	NE
NEVADA	NV
NEW HAMPSHIRE	NH
NEW JERSEY	NJ
NEW MEXICO	NM
NEW YORK	NY
NORTH CAROLINA	NC
NORTH DAKOTA	ND
NORTHERN MARIANA ISLANDS	MP
OHIO	OH
OKLAHOMA	OK
OREGON	OR
PALAU	PW
PENNSYLVANIA	PA
PUERTO RICO	PR
RHODE ISLAND	RI
SOUTH CAROLINA	SC
SOUTH DAKOTA	SD
TENNESSEE	TN
TEXAS	TX
UTAH	UT
VERMONT	VT
VIRGIN ISLANDS	VI
VIRGINIA	VA
WASHINGTON	WA
WEST VIRGINIA	WV
WISCONSIN	WI
WYOMING	WY

\* ABBREVIATE ONLY WHEN USED AS A DIRECTION.

# ALL FRANCHISE TAX BOARD TAX FORMS

## Country Abbreviation List

Aruba	AA	Equatorial Guinea	EK	Latvia	LG	South Africa	SF
Antigua and Barbuda	AC	Estonia	EN	Lithuania	LH	Senegal	SG
United Arab Emirates	AE	Eritrea	ER	Liberia	LI	St. Helena	SH
Afghanistan	AF	El Salvador	ES	Slovakia	LO	Slovenia	SI
Algeria	AG	Ethiopia	ET	Palmyra Atoll	LQ	Sierra Leone	SL
Azerbaijan	AJ	Czech Republic	EZ	Liechtenstein	LS	San Marino	SM
Albania	AL	Finland	FI	Lesotho	LT	Singapore	SN
Armenia	AM	Fiji	FJ	Luxembourg	LU	Somalia	SO
Andorra	AN	Falkland Islands (Islas Malvinas)	FK	Libya	LY	Spain	SP
Angola	AO	Federated States of Micronesia	FM	Madagascar	MA	St. Lucia Island	ST
American Samoa	AQ	Faroe Islands	FO	Macau	MC	Sudan	SU
Argentina	AR	French Polynesia	FP	Moldova	MD	Svalbard	SV
Australia	AS	Baker Island	FQ	Mongolia	MG	Sweden	SW
Ashmore and Cartier Islands	AT	France	FR	Montserrat	MH	South Georgia and the South Sandwich Islands	SX
Austria	AU	French Southern and Antarctic Lands	FS	Malawi	MI	Syria	SY
Anguilla	AV	The Gambia	GA	Montenegro	MJ	Switzerland	SZ
Akrotiri	AX	Gabon	GB	Macedonia	MK	Saint Barthelemy	TB
Antarctica	AY	Georgia	GG	Mali	ML	Trinidad and Tobago	TD
Bahrain	BA	Ghana	GH	Monaco	MN	Thailand	TH
Barbados	BB	Gibraltar	GI	Morocco	MO	Tajikistan	TI
Botswana	BC	Grenada	GJ	Mauritius	MP	Turks and Caicos Islands	TK
Bermuda	BD	Guernsey	GK	Midway Islands	MQ	Tokelau	TL
Belgium	BE	Greenland	GL	Mauritania	MR	Tonga	TN
Bahamas	BF	Germany	GM	Malta	MT	Togo	TO
Bangladesh	BG	Guam	GQ	Oman	MU	Sao Tome and Principe	TP
Belize	BH	Greece	GR	Maldives	MV	Tunisia	TS
Bosnia-Herzegovina	BK	Guatemala	GT	Mexico	MX	East Timor	TT
Bolivia	BL	Guinea	GV	Malaysia	MY	Turkey	TU
Burma	BM	Guyana	GY	Mozambique	MZ	Tuvalu	TV
Benin	BN	Haiti	HA	New Caledonia	NC	Taiwan	TW
Belarus	BO	Hong Kong	HK	Niue	NE	Turkmenistan	TX
Solomon Islands	BP	Heard Island and McDonald Islands	HM	Norfolk Island	NF	Tanzania	TZ
Navassa Island	BQ	Honduras	HO	Niger	NG	Curacao	UC
Brazil	BR	Howland Island	HQ	Vanuatu	NH	Uganda	UG
Bhutan	BT	Croatia	HR	Nigeria	NI	United Kingdom (England, Northern Ireland, Scotland, and Wales)	UK
Bulgaria	BU	Hungary	HU	Netherlands	NL	Ukraine	UP
Bouvet Island	BV	Iceland	IC	Sint Maarten	NN	Burkina Faso	UV
Brunei	BX	Indonesia	ID	Norway	NO	Uruguay	UY
Burundi	BY	Man, Isle of	IM	Nepal	NP	Uzbekistan	UZ
Canada	CA	India	IN	Nauru	NR	St. Vincent and the Grenadines	VC
Cambodia	CB	British Indian Ocean Territory	IO	Suriname	NS	Venezuela	VE
Chad	CD	Clipperton Island	IP	Nicaragua	NU	British Virgin Islands	VI
Sri Lanka	CE	Iran	IR	New Zealand	NZ	Vietnam	VM
Congo (Brazzaville)	CF	Israel	IS	Other Country	OC	Virgin Islands	VQ
Congo (Kinshasa)	CG	Italy	IT	South Sudan	OD	Holy See	VT
China	CH	Cote D'Ivoire (Ivory Coast)	IV	Paraguay	PA	Namibia	WA
Chile	CI	Iraq	IZ	Pitcairn Islands	PC	Wallis and Futuna	WF
Cayman Islands	CJ	Japan	JA	Peru	PE	Western Sahara	WI
Cocos (Keeling) Islands	CK	Jersey	JE	Paracel Islands	PF	Wake Island	WQ
Cameroon	CM	Jamaica	JM	Spratly Islands	PG	Samoa	WS
Comoros	CN	Jan Mayen	JN	Pakistan	PK	Swaziland	WZ
Colombia	CO	Jordan	JO	Poland	PL	Yemen (Aden)	YM
Northern Mariana Islands	CQ	Johnston Atoll	JQ	Panama	PM	Zambia	ZA
Coral Sea Islands	CR	Kenya	KE	Portugal	PO	Zimbabwe	ZI
Costa Rica	CS	Kyrgyzstan	KG	Papua-New Guinea	PP		
Central African Republic	CT	Korea, Democratic People's Republic of (North)	KN	Palau	PS		
Cuba	CU	Kingman Reef	KQ	Guinea-Bissau	PU		
Cape Verde	CV	Kiribati	KR	Qatar	QA		
Cook Islands	CW	Korea, Republic of (South)	KS	Serbia	RI		
Cyprus	CY	Christmas Island	KT	Marshall Islands	RM		
Denmark	DA	Kuwait	KU	Saint Martin	RN		
Djibouti	DJ	Kosovo	KV	Romania	RO		
Dominica	DO	Kazakhstan	KZ	Philippines	RP		
Jarvis Island	DQ	Laos	LA	Puerto Rico	RQ		
Dominican Republic	DR	Lebanon	LE	Russia	RS		
Dhekelia	DX			Rwanda	RW		
Ecuador	EC			Saudi Arabia	SA		
Egypt	EG			St. Pierre and Miquelon	SB		
Ireland	EI			St. Kitts and Nevis	SC		
				Seychelles	SE		

**Credit Names, Acronyms, and Code Number List**

Include this list in your user manual. \*PIT = Personal Income Tax \*CT = Corporation Tax

<b>Credit Name</b>	<b>Acronym</b>	<b>Code</b>	<b>PIT*</b>	<b>CT*</b>
California Competes Tax	CA COMPETES	233	X	X
California Earned Income Tax	CA EITC	NONE	X	
Child Adoption Costs	CHILD ADOPT	197	X	
Child and Dependent Care Expenses	CHILDDEP EXP	232	X	
College Access Tax	COLLEGE FUND	235	X	X
Dependent Parent	DEP PARENT	173	X	
Disabled Access for Eligible Small Businesses	DSABL ACCESS	205	X	X
Donated Agricultural Products Transportation	DONATE AGTRN	204	X	X
Enhanced Oil Recovery	ENHNC OILREC	203	X	X
Joint Custody Head of Household	JT CSTDY HOH	170	X	
Low-Income Housing	LOW-INC HOUS	172	X	X
Natural Heritage Preservation	HERITAGE	213	X	X
New Advanced Strategic Aircraft	ADV STR AIR	236		X
New California Motion Picture and Television Production	NEW MOVTVPRD	237	X	X
New Donated Fresh Fruits or Vegetables credit	NEW FRUITVEG	238	X	X
New Employment	NEW EMPLMNT	234	X	X
Nonrefundable Renter's	NONE	NONE	X	
Other State Tax	OTHER STATE	187	X	
Prior Year Alternative Minimum Tax	PRIOR YR AMT	188	X	X
Prison Inmate Labor	INMATE LABOR	162	X	X
Program 3.0 California Motion Picture and Television Production	CA MOTVPRD	239	X	
Research	RESEARCH	183	X	X
Senior Head of Household	SR HOH	163	X	
Main Street Small Business Tax	MAIN STR CR	240	X	X
Young Child Tax Credit	YCTC	NONE	X	

See "Repealed Credits with Carryover Provisions" list.

**ALL FRANCHISE TAX BOARD TAX FORMS****Repealed Credits with Carryover Provisions**

Include this list in your user manual. \*PIT = Personal Income Tax \*CT = Corporation Tax

<b>Credit Name</b>	<b>Acronym</b>	<b>Code</b>	<b>PIT*</b>	<b>CT*</b>
Agricultural Products	AGRI PRODUCT	175	X	X
California Motion Picture and Television Production	MOVIETVPROD	223	X	X
Commercial Solar Electric System	COMSLR EL CO	196	X	X
Commercial Solar Energy	COM SLR NRG	181	X	X
Community Development Financial Institutions Investments	CDFI INVEST	209	X	X
Contribution of Computer Software	CTB COMPSOFT	202		X
Donated Fresh Fruits or Vegetables	DONATE FRESH	224	X	X
Employee Ridesharing:				
Employee Vanpool Program	R/S EMPLE VN	194	X	
Employer Child Care Contribution	CHLDCARE CTB	190	X	X
Employer Child Care Program	CHLDCARE PRG	189	X	X
Employer Ridesharing:				
Large Employer	R/S LG EMPLR	191	X	X
Small Employer	R/S SM EMPLR	192	X	X
Transit Passes	R/S TRANSIT	193	X	X
Energy Conservation	NRG CSRV CO	182	X	X
Enterprise Zone Hiring & Sales or Use Tax	EZ HIRE/USE	176	X	X
Environmental Tax	ENVRMNTL TAX	218	X	X
Farmworker Housing:				
New Construction/Rehabilitation	F/W HS CONST	207	X	X
Local Agency Military Base Recovery Area Sales or Use Tax	LAMBRA HR/US	198	X	X
Low-Emission Vehicles	LOW-EMS VHCL	160	X	X
Manufacturing Enhancement Area (MEA) Hiring	MEA HIRE	211	X	X
New Jobs	NEW JOBS	220	X	X
Orphan Drug	ORPHN DRG CO	185	X	X
Political Contributions	POLTCL CTB	184	X	
Recycling Equipment	RCYCL EQUIP	174	X	X
Residential Rental & Farm Sales	RES RNT/FARM	186	X	
Ridesharing	R/S CO	171	X	X
Salmon & Steelhead Trout Habitat Restoration	SALMON/TROUT	200	X	X
Solar Energy	SLR NRG CO	180	X	X
Solar Pump	SLR PUMP CO	179	X	X
Targeted Tax Area Hiring	TTA HIRE/USE	210	X	X
Targeted Tax Area Sales or Use Tax	TTA HIRE/USE	210	X	X
Technological Property Contributions	TECHPROP CTB	201		X
Water Conservation	WATRCRV CO	178	X	
Young Infant	YNG INFNT CO	161	X	



# SUBSTITUTE TAX FORMS

## Monetary Amounts

FTB prefers vendor forms to be designed exactly like the official forms. If FTB forms are using hard coded zeroes, or penny lines, please do so as well. To avoid any processing errors the decimals and cents need to be away from the data and must be dollars only with no decimals or other punctuation, including present keying symbols. If the vendor is unable to program their software to match the official form, be sure to indicate this fact in every cover letter that accompanies each substitute forms review package.

All monetary amounts entered on the form must follow a consistent format. We strongly urge software companies to round all figures to whole dollar amounts. This follows the official tax return instructions.

Where most of FTB tax forms' monetary amounts are whole dollar amounts, there are a few exceptions to the rule. For Forms 589, 592, 592B, 592F, 592-PTE, and 593, the monetary amounts have dollars and cents requirements.

Unless a specific line instruction requires a zero (-0-), leave the line blank when there is no entry. **Do not** print the word "NONE."

## Negative Amounts

When printing negative monetary amounts, CTPs must use the following format:

-549

CTPs that design substitute forms for customers to complete by hand **must** submit those forms to the FTB for review and approval before releasing them for use by their customers.

## Layout

The layout of any substitute tax form must follow the official form layout. This includes the title, space for the taxpayer name(s) and identification number(s), tax year, captions, line numbers, and line descriptions. See "Submitting Forms to the FTB for Approval" for more information.

Each tax form has a unique document ID string (see DOC ID LIST for the correct 'Doc ID Number' to use). If a company wants to combine any forms, they must notify the FTB first.

Software companies may include an explanation next to entries shown on a substitute form or use a supporting statement to explain an entry. If using a supporting statement, it must refer to the entry on the substitute form it supports. In turn, the entry on the substitute form must refer to the supporting statement.

Software companies may modify substitute tax forms that do not require FTB approval, to make them suitable for computer preparation; however, the form must include the bottom line registration marks and document ID string in the bottom margin. **Do not** make changes that would impair the FTB's ability to process, review, or store the forms. Call your assigned account agent, or send email to [substituteforms@ftb.ca.gov](mailto:substituteforms@ftb.ca.gov) with questions about a proposed design change.

Tax software programs may use copies of federal tax forms in place of separate California forms. However, the software must reconcile any California differences. Get FTB Pub. 1006, California Tax Forms and Related Federal Forms, for more information. (This publication is updated annually) Go to [ftb.ca.gov](http://ftb.ca.gov).

## Keying Symbols

Keying symbols are codes that the FTB's key data operators use to identify quickly the correct information they need to data capture from a taxpayer's tax return.

**Note:** When keying symbols are present, DO NOT use decimal points.

Keying symbols on substitute forms must **exactly duplicate** the keying symbols on official forms. The FTB will not approve substitute or scannable forms if the keying symbols are not exact. For a list of forms that contain keying symbols see "Forms That Require the FTB Approval". See an example of the keying symbol's shape and size in the graphic that follows.



The actual symbols and their placement may change from year to year. Example of the keying symbols:

00	●	<input type="checkbox"/>	FTB 3803	.....	●	31	<input type="text"/>	<input type="text"/>	.00
1e 11.			If your federal AGI is more than \$194,504,	.....	●	32	<input type="text"/>	<input type="text"/>	.00
o,			enter -0-	.....	●	33	<input type="text"/>	<input type="text"/>	.00
	●	<input type="checkbox"/>	Schedule G-1	.....	●	34	<input type="text"/>	<input type="text"/>	.00
			FTB 5870A	.....	●	35	<input type="text"/>	<input type="text"/>	.00
<hr/>									
			penses Credit. See instructions	.....	●	40	<input type="text"/>	<input type="text"/>	.00
		<input type="text"/>	code	.....	●	43	<input type="text"/>	<input type="text"/>	.00
		<input type="text"/>	code	.....	●	44	<input type="text"/>	<input type="text"/>	.00
			ons. Attach Schedule P (540).	.....	●	45	<input type="text"/>	<input type="text"/>	.00

## SUBSTITUTE TAX FORMS

### Source Codes

Use source code “4” in the document ID string on all substitute forms. (Use source code “6” in the document ID string on all scannable forms.)

### Final Forms on the FTB Website

The FTB will post final proofs of tax forms to two different areas:

- **The State Exchange System (SES)** (August through mid-December each year)
- **The FTB public access forms locator web page** (beginning mid-December each year)

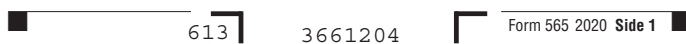
When companies download and print tax forms from the public access forms locator web page, the forms will contain source code “3.” It is the company’s responsibility to change the source code from “3” to “4” at the time the company adds its three-digit CTP ID. The following example contains all of the components that make up the document ID string for Form 565, Side 1. **The “613” is a fictitious CTP ID.**

#### For example:

Form 565, Side 1, on [ftb.ca.gov](http://ftb.ca.gov) will have this document ID:



Form 565, Side 1, in a tax software product **must** include the CTP ID (as shown, 613) with this document ID:



### Shading Requirements

The FTB shades specific areas on some California tax forms. Substitute forms must include shading in the same areas shown on official forms. **The FTB will not approve substitute forms that do not include shading.**

### How to Gain Additional Room on a Form

CTPs may limit captions and line descriptions from the official form to one print line on their substitute form. To do this, use abbreviations and contractions and omit articles and prepositions. Retain key words that make identification of the caption or line description clear. If you need assistance in this area, contact your assigned account agent, or send an email to [substituteforms@ftb.ca.gov](mailto:substituteforms@ftb.ca.gov).

### Guidelines for Printing Taxpayer Entity Information for Substitute Forms 100, 100S, 100W, 100X, 565, and 568 and Schedules K-1 (100S), K-1 (565), and K-1 (568)

Use the substitute form specifications to program the entity data (taxpayer’s name and address area, including codes to program in the “RP” box) for substitute Forms 100, 100S, 100W, 100X, 565, and 568 and Schedules K-1 (100S), K-1 (565), and K-1 (568). The FTB will not approve the substitute version of these forms without an entity area example.

Use the following:

- “Business Entity Entry Instructions”
- BE scannable payment form approval checklist.
- See “Substitute Forms 100, 100S, 100W, and 100X Entity Entry Record Layout”
- See “Substitute Forms 565 and 568 Entity Entry Record Layout”
- See “Substitute Schedule K-1 (100S) Entity Entry Area Record Layout”
- See “Substitute Schedule K-1 (565 and 568) Entity Entry Area Record Layout”
- Anchor Marks must be on each side on Forms 100, 100S, 100W, 100X, 565, and 568 and Schedules K-1 (100S), K-1 (565), and K-1 (568)

### Guidelines for Developing Substitute Schedules K-1 (565 and 568)

All companies (i.e., tax software developers, professional tax preparers, transfer agents, and others) are required to complete and return a Letter of Intent (LOI) to develop substitute Schedules K-1 (565 and 568). All companies must conform annually to the provisions of Senate Bill 1724 signed into law on September 30, 2000.

# ABSOLUTE POSITIONING TAX FORMS

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## Introduction

Absolute Positioning is the computer-prepared format of Forms, 540, 540 2EZ, 540NR, 5805, Schedule W-2 and Schedule X California Income Tax Returns and schedules.

For tax year 2020, it is mandatory for CTPs who are developing Schedule X and Form 540, 540 2EZ, 540NR, 5805 and Schedule W-2 and Schedule X to use the Absolute Positioning format.

Absolute positions are used when any type of data field must be placed in an exact row/column position on the 10 characters per inch by 6 rows per inch grid.

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## Guidelines for Preparing Absolute Positioning Forms

These guidelines are subject to change due to legislative changes, equipment innovations, and/or procedural improvements.

Taxpayer's Last Name and Social Security Number (SSN or ITIN).

For absolute positioning forms and schedules, print primary taxpayer's last name and SSN or ITIN in top margin on sides 2, and after.

## Monetary Amounts

Monetary amounts in the conventional area of the Absolute Positioning forms and schedules must be dollars only with no decimal points or other punctuation.

We strongly urge software companies to round all figures to whole dollar amounts in the conventional area. This follows the official return instructions.

Companies may program their software to print a "15 position" dollar amount in the conventional area of the Absolute Positioning forms and schedules.

Unless a specific line instruction requires a zero (-0-), leave the conventional line blank when there is no entry. Do not print the word "NONE" in the conventional area of the Absolute Positioning forms and schedules.

## Negative Amounts

Program negative monetary amounts to print in the conventional area as shown below. Do not use brackets in the conventional area.

**Example:** -549

## Layout

See the specifications for **Absolute Positioning 540, 540 2EZ, 540NR, 5805, Schedule W-2 and Schedule X.**

## Keying Symbols

The conventional area of Absolute Positioning Form 540NR must include the current year's keying symbols.

## Paper Filing Survey Code

One character numeric field in footer, under the right "L" bracket, print line 63, print position 53.

## Font

Use Courier, 12-point font for taxpayer entity information, (alpha characters must print in upper case), the conventional area, and the Doc ID, and CTP ID on print line 63.

## Printing

All printing must be:

- Laser (inkjet and desk jet are acceptable).
- Courier (12-point), standard OCR-A font, or "standard print" font. Do not use bold font (Print all alpha characters in upper case).
- Original printed output (no corrections). If corrections are necessary, reprint entire tax return (All Sides) to ensure changes made are accurately printed on the tax return.
- On one side of the paper (Do not duplex print i.e., do not duplex print Absolute Positioning Forms, Side 1 and Side 2 back-to-back). Although it is preferred that all sides print on separate sheets of paper, it is acceptable to duplex print only Sides after page 1. Page 1 should be on a separate sheet back-to-back.
- 6 lines per inch.
- Upper case for alpha characters.

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## Document ID String

The document ID string is required on the absolute positioning forms and schedules. See "**Bottom Margin Registration Marks, Anchor Marks, Document ID, and CTP ID**" and "**Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement**" for more information.

## ABSOLUTE POSITIONING TAX FORMS

### Guidelines for Printing Taxpayer Entity Information for the Absolute Positioning Forms

Use the following guidelines to print entity data (taxpayer's name and address area) on the Absolute Positioning Forms and Schedules. The FTB will not approve forms that fail to follow these guidelines.

#### Taxpayer Entity Information Examples:

111-11-1111 LEE 20 PBA 123456  
SARAH E LEE  
1234 STATE ST  
CROWN CA 12345

111-11-1111 TAXP 222-22-2222 20  
JORDAN A TAXPAYER JR  
KAITLYNN G TAXPAYER  
12345 ½ SHORT ST  
ANYPLACE CA 12345  
06-13-1948 02-04-1957

111-11-1111 TEXA 20  
AUSTIN M TEXAN  
HOMESTYLE NURSING HOME  
1234 BEAUTIFUL DR 21  
WELCOME CA 54321

111-11-1111 BEEH 222-22-2222 20  
MICKEY J BEEHAPPY  
LYNN S BEEHAPPY

9876 LONGNAME WY STE 141 PMB 12  
WALLACE CA 12345-6789

111-11-1111 SMIT 222-22-2222 20  
ROBERT J SMITH 03-12-2018  
KIMBERLY SMITH

3452 BUSY DR UN 5  
BORDERTOWN CA 12345

111-11-1111 MISS 20  
ELIJAH M MISSION

PO BOX 888  
APO AE 09876

111-11-1111 JACK 222-22-2222 20  
CHRIS A JACKSON PAT G JACKSON

9876 LONG NAME WAY LONDON  
UK NOTTING HILL W11 2BQ

If there is no spouse/RDP name, leave the line blank. If there is no additional address or executor/guardian name, leave the line blank.

To minimize instances where a user may hear from a client about processing problems, your manual or other product reading material should include:

- “PIT Entity Entry Instructions”
- “Mailing and Assembly Instructions for the absolute positioning forms

#### PIT Entity Entry Instructions

- Alpha characters **must** be in upper case, Courier, 12-point font.
- Other than the hyphen (-) and slash (/), use no punctuation or symbols in the Street Address field.

See *Taxpayer Entity Information Examples*: JORDAN A TAXPAYER JR and AUSTIN M TEXAN.

- **Do not** use commas or periods to separate address information.

- Monetary amounts. See “**Monetary Amounts**” for specific details on how to enter monetary amounts in the conventional area.
- **Do not** use spaces or punctuation in the Name Control (first four letters of the taxpayer's last name) field.
- Use the Suffix field to enter generational name suffixes, such as “SR,” “JR,” “III,” “IV.” Use Roman numerals (alpha characters) for numeric suffixes.
- **Do not** include titles or ranks such as DR, MD, ENSIGN, SGT, etc.
- **Do not** use a space, punctuation, or symbols in name field(s).

#### Examples:

First Name: JoAnne Enter: JOANNE

Last Name: Von Wodtke Enter: VONWODTKE

- Last Name: Lee-Smith Enter: LEESMITH
- The taxpayer and spouse/RDP SSN must be 11 digits (includes “-”). Enter “000-00-0000” in the SSN field if an individual has applied for or does not have an SSN. See next bullet.
- Individual Taxpayer Identification Number (ITIN): If a taxpayer has an “ITIN,” it should be entered in the SSN field.
- Enter Principal Business Activity (PBA) code, if applicable. **Do not** hardcode “PBA.” “PBA” must print only with the code number (6-digit numeric). Otherwise, leave this field blank.

See *Taxpayer Entity Information Example*:

SARAH E. LEE.

- Enter deceased date of death for taxpayer or spouse/RDP, if any, in appropriate field. Format is “MM-DD-YYYY.” No punctuation other than the “-.”

See *Taxpayer Entity Information Example*: ROBERT J SMITH.

- Enter last name only of taxpayer and spouse/RDP, if different, in the Prior Name fields (Example: Marriage in the current tax year changes spouse's/RDP's maiden name).

See *Taxpayer Entity Information Example*: JORDAN A. TAXPAYER and KAITLYNN

G. TAXPAYER.

Use standard abbreviations for the suffix of the street name. See “Standard Abbreviations.”

- Do not enter apartment and apartment number/letter in the Street Address field. Enter in the designated “Apartment” and “Apartment Number” fields. These fields are on the same line as the “Street Address” field. Use these abbreviations in the “Apartment” field: APT, BLDG, SP, STE, RM, FL, and UN.
- Enter Private Mailbox (PMB) and PMB number/letter in the “PMB” and “PMB number/letter” fields. These fields are on the same line as the “Street Address” field.
- Do not hardcode “PMB.” “PMB” must print with a “PMB number/letter.” If no “PMB,” leave both fields blank. See *Taxpayer Entity Information Example*: MICKEY J BEEHAPPY and LYNN S BEEHAPPY.



- Additional Information field is a supplemental field used only for: “in-care- of” name and additional address information. Other than slash (/) use no punctuation or symbols in this field. See Taxpayer Entity Information Example: AUSTIN M TEXAN.
- Military “APO” or “FPO” addresses:
- Enter “APO” or “FPO” in the first three positions of the City field.

Do not enter the name of the city for “APO” and “FPO” addresses.

- Enter two-digit state code in the State field:

City Field	State Code	ZIP Code Range
APO	AA	34000-34099
APO	AE	09000-09999
FPO	AP	96200-96699

See *Taxpayer Entity Information Example*:

ELIJAH M MISSION.

- In the State field, use the standard two-digit abbreviation for the state or United States possession. See “State or U.S. Possessions.”
- If using a foreign address enter the city, foreign country name, foreign province/state/county name, and foreign postal code in the appropriate boxes. Follow the country’s practice for entering the province/state/county name and foreign postal code. You may also use the 2 digit Country Abbreviation from the list.

See *Taxpayer Entity Information Example*:

CHRIS A JACKSON and PAT G JACKSON.

- The ZIP Code can be 10 digits (includes hyphen “-”).
- Enter date of birth (DOB) for taxpayer and spouse/RDP in appropriate field. Format is “MM-DD-YYYY.” No punctuation other than the “-.”

See *Taxpayer Entity Information Example*:

JORDAN A. TAXPAYER and KAITLYNN G. TAXPAYER.

- Apply these guidelines, then truncate if the information exceeds the field length.

To help eliminate those instances when the City, State, and ZIP Code are entered into the City field, add an error check at the end of the City field for numeric characters.

**Mailing and Assembly Instructions for absolute positioning forms**

**Preparer Responsibilities**

Preparers should review their clients’ tax returns for printer font problems and to ensure all of the following client information prints according to the specifications in this guide:

- Name(s), social security number(s) (or ITIN(s), address, and tax data.
- Direct deposit refund banking information.
- Tax data problems in the conventional area (that could delay processing).

**Assembly and Mailing Instructions for absolute positioning forms**

- Original tax return. Do not duplex print (Side 1, and Side 2 back-to-back.) Although it is preferred that all sides print on separate sheets of paper, it is acceptable for your customers and clients to duplex print only after Side 1.
- **Do not make corrections on the original tax return without reprinting.** (If something is incorrect, make the correction and **reprint the entire** tax return.)
- Sign the tax return in the space provided. If a joint tax return, spouse’s/RDP’s signature is required.
- **Attach** Schedule W-2, Wage and Tax Statement, directly behind last side (on top of Schedule CA (540NR), if applicable).
- When required, attach California supporting forms and schedules **behind** Schedule W-2. And, only if required, the supporting federal forms behind the California tax return package.
- **Attach** forms FTB 5805 and FTB 5805F, to the back of the completed California tax return package.
- Leave tax return, forms, and schedules loose. **Do not** staple.
- Using black or blue ink, make check or money order payable to the “Franchise Tax Board” for the full amount. Write the taxpayer’s social security number or ITIN, if applicable (Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution).
- Enclose, but do not staple, any payment with the computer-generated absolute positioning forms.
- Mail original tax return (Do not mail a photocopy of the original).

We ask that you help us by encouraging your customers to read and review FTB Pub.1095D, Tax Practitioner Guidelines for Computer-Prepared Returns. We update this publication yearly with details on how practitioners can prepare their clients’ returns accurately, using your tax software products.

**Return Mailing Addresses for Absolute Positioning Forms**

Mail **REFUND or NO PAYMENT INCLUDED** tax returns to:

FRANCHISE TAX BOARD  
 PO BOX 942840  
 SACRAMENTO CA 94240-0001

Mail **BALANCE DUE WITH PAYMENT INCLUDED** tax returns to:

FRANCHISE TAX BOARD  
 PO BOX 942867  
 SACRAMENTO CA 94267-0001



## ABSOLUTE POSITIONING TAX FORMS

### Absolute Positioning Form Approval Checklist

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#### Entity Data Placement

To get entity data placement approval, submit tax returns that:

- Have all fields in the correct location (see “**Absolute Positioning Form Specifications**” beginning).
- Follow “PIT Entity Entry Instructions.”
- Print an example of “Attach Federal Return.”
- Print an example of “Do Not Attach Federal Return.”
- Print an example entering taxpayer’s Suffix (4 characters).
- Print an example entering spouse’s Suffix (4 characters).
- Print an example with the Additional Information field.
- Print an example with the Executor/Guardian field.
- Print an example with Private Mailbox (PMB) and number/letter. Left align number (**Do not hardcode “PMB”**).
- Print an example **without** a PMB and number/letter.
- Print an example with Foreign Address using the two-digit county abbreviation. (Leave State and ZIP Code blank.)
- Print an example with Principal Business Activity (PBA) Code. **Left align**. If less than 6 characters, do not populate with “0.” (**Do not hardcode “PBA.”**)
- Print an example with taxpayer Date of Birth (DOB) and spouse/RDP DOB (Use format: “MM-DD-YYYY”).
- Print an example **without** taxpayer and/or spouse/RDP DOB.
- Print an example with Prior Name field taxpayer and/or spouse/RDP last name only (Your choice).
- Print an example **without** taxpayer and/or spouse/RDP Prior Name.
- Print an example with both “Taxpayer Deceased Date” code “D” AND “Spouse/RDP Deceased Date” code “C” in the ARRP “RP” area.
- Print an example with “Taxpayer Side 1, Deceased Date” code “D” OR “Spouse/RDP Deceased Date” code “C” in the ARRP “RP” area.
- Print an example **without** “Taxpayer Deceased Date” code “D” AND “Spouse/RDP Deceased Date” code “C” in the ARRP “RP”.
- Print an example with both Disaster code “9”, Outside the USA code “O”, AND Military code “U” in the ARRP “RP” area.
- Print an example with Disaster code “9”, Outside the USA code “O”, OR Military code “U” in the ARRP “RP” area.
- Print an example **without** Disaster code “9”, Outside the USA code “O”, AND Military code “U” in the ARRP “RP” area.
- Print an example with IRC 965 code “E” in the ARRP “RP” area.
- Print an example without IRC 965 code “E” in the ARRP “RP” area.
- Have a fiscal year filer.\*
- Have a calendar year filer.
- Have an original return with Amended as “blank”
- Have an amended return with Amended as “1”.

#### Conventional Form

- Print a “X” for the check box 5805 (**5805 attached**).
- Print a “X” for the check box 5805F (**5805F attached**).
- Print an example of tax preparer ID Number (PTIN). **Mandatory**, professional products only.
- Print an example of tax preparer ID Number (FEIN). **Mandatory**, professional products only.
- Print an example of the tax preparer ID Number (FEIN). **Mandatory**, professional products only.
- Print an example of taxpayer email address and phone number.
- Print an example of one dependent that includes “Dependent 1 First Name”, “Dependent 1 Last Name”, “Dependent 1 Relationship”, and “Dependent SSN” (Side 1, print lines 52, 54, 56 and 58). and include “SEE ATTACHED” (Side 1, print line 58).
- Print an example **without** dependents.
- Print an example of one Direct Deposit of Refund (DDR) “ includes: Label (DDR1) and Routing number, Account number, and Account type”
- Print an example of two DDRs including label (DDR1 and DDR 2) and routing numbers, account number, and account type – populate.
- Print an example of DDR Account Number, with less than 17 characters. Right align number.
- Print an example **without** DDR.
- Hard coded Zeroes – If forms and schedules have hard coded zeroes, DO NOT allow your software to print zeroes in the fields affected.
- Print Taxpayer’s Last Name and SSN (or ITIN, if applicable) on and after in top margin.
- Follow “**Guidelines for Preparing Absolute Positioning Forms**”.

\* If your software does not support the specific fields on this list, please be sure to indicate that information in your company's review package cover letter

**Line Geometry – Follow “Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement”**

- Bottom registration mark (1-point rule) line at horizontal position (print positions 6-28; 58-80 at print line 62).
- Bottom registration mark (2-point rule) line at horizontal position (print positions 31-35 and 51-55) and vertical positions 35/36 and 50/51 at print line 62; end at print line 63.

**Anchor Marks**

- Print three anchor marks on each side. Solid, black square that is 3/16 of an inch square.
- Allow 1/4 of an inch of white space around the anchor marks (**Exception:** Registration marks on print line 62 can touch the bottom anchor marks).
- Top anchor mark on print line 4, at print positions 59-60.
- Bottom left anchor mark on print line 63, at print positions 6-7.
- Bottom right anchor mark on print line 63, at print positions 79-80.

**CTP ID**

- Print 3-digit CTP ID (Courier 12-point font) in print positions 32, 33, and 34 on print line 63.

**Document ID String**

- Doc. ID (Courier 12-point font) is 7-digits in and must print in positions 40 through 46 on print line 63 (Must have four blank spaces before and after string).
- Doc. ID is correct (i.e., contains correct assigned form number, side/page number, tax year, and source code).

**Paper Filing Survey Code**

- A menu of codes will be located in the bottom right “L” bracket of approximately six reasons will be available to the taxpayers to choose. The selected reason code will print on the tax return, one character numeric field in footer, under the right “L” bracket, print line 63, print position 53.

**Keying Symbols and Source Code**

- Follow “**Guidelines for Preparing Absolute Positioning Forms.**”

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540**

**Absolute Positioning Form 540 Specifications (Side 1)**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
Definitions	ALPHA = A-Z (MUST BE ALL CAPS) NUMERIC = 0-9 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9				Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
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	42	56	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	42	56	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	1	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 for 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
9	If Joint or Separate Tax Return, Spouse’s/RDP’s SSN (or ITIN) (mandatory)	28	11	38	Numeric, “-”
9	Form Year Indicator (mandatory)	52	2	53	“20”
9	Principal Business Activity (PBA)	57	3	59	Print “PBA” only when there is a “PBA” code.
9	Principal Business Activity (PBA) Code	63	6	68	Numeric. If the PBA code is less than 6 characters and do not populate with zeros. If no PBA code, leave PBA field blank.
9	ARRP Area	78	3	80	Conventional form size/style
10	Taxpayer’s First Name (mandatory)	6	11	16	Alpha, No Embedded Spaces
10	Taxpayer’s Middle Initial	19	1	19	Alpha, or blank
10	Taxpayer’s Last Name (mandatory)	22	35	56	Alpha
10	Taxpayer’s Suffix	59	4	62	Alpha, or blank
10	Taxpayer – If Deceased, <b>must</b> Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, “-”, mm-dd-yyyy (e.g., 08-01-2020), or blank
10	ARRP Area	78	3	80	Conventional form size/style

**Absolute Positioning Form 540 Specifications (Side 1)**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
<p>Definitions ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.</p> <p>NUMERIC = 0-9</p> <p>ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9</p>					
11	If Joint Spouse's/RDP's First Name (mandatory)	6	11	16	Alpha, No Embedded Spaces
11	If Joint Tax Return, Spouse's/RDP's Middle Initial	19	1	19	Alpha, or blank
11	If Joint Tax Return, Spouse's/RDP's Last Name (mandatory)	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, <b>must</b> Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, “-”, mm-dd-yyyy (e.g., 08-01-2020), 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, “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, 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, or blank
13	ARRP Area	78	3	80	Conventional form size/style
13	ARRP Area (continued) RP Codes:	79	2	80	Alpha only, Courier 12-point font, any order, or blank D = Taxpayer deceased C = Spouse/RDP deceased
14	City (mandatory)	6	17	22	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, “-”; 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
15	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank. 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

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540**

**Absolute Positioning Form 540 Specifications (Side 1)**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
Definitions	ALPHA = A-Z (MUST BE ALL CAPS) NUMERIC = 0-9 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9				Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
16	Taxpayer's Date of Birth	6	10	15	or blank
16	If Joint or Separate Tax Return, Spouse's/RDP's Date of Birth	18	10	27	Numeric, "-", mm-dd-yyyy (eg., 06-13-1948), or blank
16	Taxpayer's Prior Name (if applicable)	30	17	46	Alpha, Last name only, or leave blank (e.g., Marriage/RDP in the current tax year changes spouse's/RDP's maiden name)
16	If Joint Tax Return, Spouse's/RDP's Prior Name (if applicable)	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)
17-30	Blank lines	-	-	-	-
31-60	Form area with absolute position data fields	6	-	80	Conventional form size/style with absolute position data fields
31	Form area	6	-	80	Conventional form, size/style
32	County at time of filing	11	28	38	Alpha
33	Address above is the same as your principal/physical residence address at the time of filing	71	1	71	Upper X = marked check box Blank = unmarked check box
34-36	Form area	6	-	80	
37	Street Address	11	48	58	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/" or "-"
37	Apt. no/ste. no	62	9	70	Alphanumeric, no symbols
38-39	Blank lines	-	-	-	
40	City	11	48	58	Alphanumeric, Embedded spaces
40	State	62	2	63	Alpha
40	Zip Code	67	10	76	Numeric, "-"
41	Blank Line	-	-	-	
42-43	Form area	6	-	80	
44	Line 1. Single	12	1	12	Upper X = marked check box Blank = unmarked check box
44	Line 4. Head of household	36	1	36	Upper X = marked check box Blank = unmarked check box
45	Blank line	-	-	-	
46	Line 2. Married/RDP filing jointly	12	1	12	Upper X = marked check box Blank = unmarked check box
46	Line 5. Qualifying Widow(er)	36	1	36	Upper X = marked check box Blank = unmarked check box
47-49	Form area	6	-	80	Conventional form, size/style
50	Line 3. Married/RDP filing separately	12	1	12	Upper X = marked check box Blank = unmarked check box
51	Blank line	-	-	-	
52	Line 6. Claimed as a Dependent on Another Return	66	1	66	Upper X = marked check box Blank = unmarked check box
53-55	Form area	6	-	80	Conventional form, size/style
56	Line 7. Personal Exemption Count	54	1	54	"0", "1", "2"
56	Line 7. Personal Exemption Amount	65	15	79	Numeric
57	Form area	6	-	80	Conventional form, size/style



**Absolute Positioning Form 540 Specifications (Side 1)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
58	Line 8. Blind Exemption Count	54	1	54	"0"; "1"; "2"
58	Line 8. Blind Exemption Amount	65	15	79	Numeric
59	Form area	6	–	80	Conventional form, size/style
60	Line 9. Senior Exemption Count	54	1	54	"0"; "1"; "2"
60	Line 9. Senior Exemption Amount	65	15	79	Numeric
61-62	Blank lines	–	–	–	
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540	–	–	–	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, "3101204"
63	Paper Return Survey	53	1	53	Print Reason Codes, Numeric "1"= I believe there is an extra cost to e-file "2"= I believe e-filing is not secure "3"= I do not want 3rd party software to have my data "4"= I do not want Franchise Tax Board to have my data "5"= My Federal e-file return was rejected "6"= I have no Internet connection Or blank

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540**

**Absolute Positioning Form 540 Specifications (Side 2)**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
<p>Definitions      ALPHA                    =      A-Z (MUST BE ALL CAPS)      Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.</p> <p>                      NUMERIC                 =      0-9</p> <p>                      ALPHANUMERIC        =      A-Z (MUST BE ALL CAPS), 0-9</p>					
1-3	Blank lines	–	–	–	–
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-8	Form area	6	–	80	Conventional form size/style
9	Line 10. Dependent 1 First Name <b>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.</b>	20	11	30	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in “Dependent 1 Last Name” field at print line 54, “Dependent 1 SSN” field at print line 56, “Dependent 1 Relationship” field at print line 58. Otherwise, all four fields must be blank.
9	Line 10. Dependent 2 First Name <b>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.</b>	41	11	51	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in “Dependent 2 Last Name” field at print line 54, “Dependent 2 SSN” field at print line 56, “Dependent 2 Relationship” field at print line 58. Otherwise, all four fields must be blank.
9	Line 10. Dependent 3 First Name <b>If entry made in this field, there must be entries in “Dependent 3 Last Name” field, “Dependent 3 Relationship” field, and “Dependent 3 SSN” field. Otherwise, all four fields must be blank.</b>	62	11	72	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in “Dependent 3 Last Name” field at print line 54, “Dependent 3 SSN” field at print line 56, “Dependent 3 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)</b>
10	Blank line	–	–	–	–
11	Line 10. Dependent 1 Last Name <b>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.</b>	20	17	36	Alpha. If entry made in this field, there must be entries in “Dependent 1 First Name” field at print line 52, “Dependent 1 SSN” at print line 56, and “Dependent 1 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank.</b>
11	Line 10. Dependent 2 Last Name <b>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.</b>	41	17	57	Alpha. If entry made in this field, there must be entries in “Dependent 2 First Name” field at print line 52, “Dependent 2 SSN” at print line 56, and “Dependent 2 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank.</b>
11	Line 10. Dependent 3 Last Name <b>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.</b>	62	17	78	Alpha. If entry made in this field, there must be entries in “Dependent 3 First Name” field at print line 52, “Dependent 3 SSN” at print line 56, and “Dependent 3 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)</b>
12	Blank line	–	–	–	–
13	Line 10. Dependent 1 SSN <b>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</b>	20	9	28	Numeric. If entry made in this field, there must be entries in “Dependent 1 First Name” field at print line 52, “Dependent 1 Last Name” field at print line 54 and “Dependent 1 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank.</b>

**Absolute Positioning Form 540 Specifications (Side 2)**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
<p>Definitions      ALPHA                    =      A-Z (MUST BE ALL CAPS)      Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.</p> <p>                      NUMERIC                 =      0-9</p> <p>                      ALPHANUMERIC         =      A-Z (MUST BE ALL CAPS), 0-9</p>					
13	Line 10. Dependent 2 SSN <b>If entry made in this field, there must be entries in “Dependent 2 First Name” field, “Dependent 2 Last Name” field and “Dependent 2 Relationship” field. Otherwise, all four fields must be blank.</b>	41	9	49	Numeric. If entry made in this field, there must be entries in “Dependent 2 First Name” field at print line 52, “Dependent 2 Last Name” field at print line 54 and “Dependent 2 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank.</b>
13	Line 10. Dependent 3 SSN <b>If entry made in this field, there must be entries in “Dependent 3 First Name” field, “Dependent 3 Last Name” field and “Dependent 3 Relationship” field. Otherwise, all four fields must be blank.</b>	62	9	70	Numeric. If entry made in this field, there must be entries in “Dependent 3 First Name” field at print line 52, “Dependent 3 Last Name” field at print line 54 and “Dependent 3 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)</b>
14	Blank line	–	–	–	–
15	Line 10. Dependent 1 Relationship <b>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.</b>	20	12	31	Alpha. If entry made in this field, there must be entries in “Dependent 1 First Name” field at print line 52, “Dependent 1 Last Name” field at print line 54, and “Dependent 1 SSN” field at print line 56. <b>Otherwise, all four fields must be blank.</b>
15	Line 10. Dependent 2 Relationship <b>If entry made in this field, there must be entries in “Dependent 2 First Name” field, “Dependent 2 Last Name” field and “Dependent 2 SSN” field. Otherwise, all four fields must be blank.</b>	41	12	52	Alpha. If entry made in this field, there must be entries in “Dependent 2 First Name” field at print line 52, “Dependent 2 Last Name” field at print line 54, and “Dependent 2 SSN” field at print line 56. <b>Otherwise, all four fields must be blank.</b>
15	Line 10. Dependent 3 Relationship <b>If entry made in this field, there must be entries in “Dependent 3 First Name” field, “Dependent 3 Last Name” field and “Dependent 3 SSN” field. Otherwise, all four fields must be blank.</b>	62	12	73	Alpha. If entry made in this field, there must be entries in “Dependent 3 First Name” field at print line 52, “Dependent 3 Last Name” field at print line 54, and “Dependent 3 SSN” field at print line 56. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, print “SEE ATTACHED”.</b>
16	Blank line	–	–	–	–
17	Line 10. Dependent Exemption Count	51	2	52	Numeric, For Example “1,” “2,” “3”.. “99”
17	Line 10. Dependent Exemption Amount	64	15	78	Numeric
18	Blank lines	–	–	–	–
19	Line 11. Exemption amount	64	15	78	Numeric
20-21	Blank lines	–	–	–	–
22	Line 12. State wages	40	15	54	Numeric
23	Blank line	–	–	–	–
24	Line 13. Federal AGI	62	15	76	Numeric
25	Blank line	–	–	–	–
26	Line 14. CA Adjustments – subtractions	62	15	76	Numeric
27-29	Form area	6	–	80	–

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540**

**Absolute Positioning Form 540 Specifications (Side 2)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
30	Line 16. CA Adjustments – additions	62	15	76	Numeric
31	Blank line	–	–	–	–
32	Line 17. California adjusted gross income	62	15	76	Numeric
33-37	Form area	6	–	80	Conventional form, size/style
38	Line 18. Standard/Itemized Deductions	62	15	76	Numeric
39	Blank line	–	–	–	–
40	Line 19. Total taxable income “Write in”	51	5	55	Alpha
40	Line 19. Total taxable income	62	15	76	Numeric
41-44	Form area	6	–	80	Conventional form, size/style
45	Line 31. Tax from FTB 3800 Check Box	27	1	27	Upper X = marked check box Blank = unmarked check box
45	Line 31. Tax from FTB 3803 Check Box	39	1	39	Upper X = marked check box Blank = unmarked check box
45	Line 31. Tax	62	15	76	Numeric
46	Blank line	–	–	–	–
47	Line 32. Exemption Credits	62	15	76	Numeric
48	Blank line	–	–	–	–
49	Line 33. Subtract line 32 from line 31	62	15	76	Numeric
50	Blank line	–	–	–	–
51	Line 34. Tax from Sch G-1 Check Box	35	1	35	Upper X = marked check box Blank = unmarked check box
51	Line 34. Tax from FTB 5870A Check Box	47	1	47	Upper X = marked check box Blank = unmarked check box
51	Line 34. Tax	62	15	76	Numeric
52	Blank line	–	–	–	–
53	Line 35. Add line 33 and line 34	62	15	76	Numeric
54-55	Blank line	–	–	–	–
56	Line 40. Nonrefundable Child and Dependent Care Expenses Credit	62	15	76	Numeric
57	Blank line	–	–	–	–
58	Line 43. Code	44	3	46	Numeric
58	Line 43. Amount	62	15	76	Numeric
59	Blank line	–	–	–	–
60	Line 44. Code	44	3	46	Numeric
60	Line 44. Amount	62	15	76	Numeric
61	Blank line	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540	–	–	–	End of bottom registration mark, anchor mark, and conventional form size/style

***Absolute Positioning Form 540 Specifications (Side 2)***

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9	

<u>Print Line Number</u>	<u>Identification</u>	<u>Begin Print Position</u>	<u>Maximum Field Length</u>	<u>End Print Position</u>	<u>Field Description</u>
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc ID (mandatory)	40	7	46	Numeric, "3102204"
					Print Reason Codes, Numeric "1"= I believe there is an extra cost to e-file "2"= I believe e-filing is not secure "3"= I do not want 3rd party software to have my data "4"= I do not want Franchise Tax Board to have my data "5"= My Federal e-file return was rejected "6"= I have no Internet connection
63	Paper Return Survey	53	1	53	Or blank



**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540**

**Absolute Positioning Form 540 Specifications (Side 3)**

Definitions      ALPHA                    =      A-Z (MUST BE ALL CAPS)      Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.  
                          NUMERIC                    =      0-9  
                          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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-6	Form area	6	–	80	Conventional form, size/style
7-60	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
7	Line 45. Claim more than two credits	62	15	76	Numeric
8	Blank line	–	–	–	–
9	Line 46. Nonrefundable renter's credit	62	15	76	Numeric
10	Blank line	–	–	–	–
11	Line 47. Add line 40 through line 46	62	15	76	Numeric
12	Blank line	–	–	–	–
13	Line 48. Subtract line 47 from line 35	62	15	76	Numeric
14-15	Blank line	–	–	–	–
16	Line 61. Alternative minimum tax	62	15	76	Numeric
17	Blank line	–	–	–	–
18	Line 62. Mental Health Services Tax	62	15	76	Numeric
19	Blank line	–	–	–	–
20	Line 63. Other taxes and credits "write in"	36	20	55	Alphanumeric
20	Line 63. Other taxes and credit recapture	62	15	76	Numeric
21	Blank line	–	–	–	–
22	Line 64. Excess Advance Premium Assistance Subsidy (APAS) repayment	62	15	76	Numeric
23	Blank lines	–	–	–	–
24	Line 65. Add line 48, line 61, line 62, line 63, and line 64.	62	15	76	Numeric
25-26	Blank line	–	–	–	–
27	Line 71. California income tax withheld	62	15	76	Numeric
28	Blank line	–	–	–	–
29	Line 72. CA estimated tax and other payments	62	15	76	Numeric
30	Blank line	–	–	–	–
31	Line 73. Withholding (Form 592-B and/or 593)	62	15	76	Numeric
32	Blank line	–	–	–	–
33	Line 74. Excess SDI (or VPD) withheld	62	15	76	Numeric
34	Blank line	–	–	–	–
35	Line 75. Earned Income Tax Credit	62	15	76	Numeric
36	Blank line	–	–	–	–
37	Line 76. Young Child Tax Credit	62	15	76	Numeric
38	Blank line	–	–	–	–
39	Line 77. Net Premium Assistance Subsidy (PAS)	62	15	76	Numeric
40	Blank line	–	–	–	–
41	Line 78. Total Payments "Write in"	48	8	55	Alphanumeric

**Absolute Positioning Form 540 Specifications (Side 3)**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
Definitions	ALPHA = A-Z (MUST BE ALL CAPS) NUMERIC = 0-9 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9				Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
41	Line 78. Total Payments	62	15	76	Numeric
42-43	Blank line	–	–	–	–
44	Line 91. Use Tax	52	15	66	Numeric
45-48	Form area	6	–	80	Conventional form, size/style
49	Line 92. Individual Shared Responsibility (ISR) Penalty	52	15	66	Numeric
50	Blank line	–	–	–	–
51	Full-year health care coverage	14	1	14	Upper X = marked check box Blank = unmarked check box
52-53	Blank lines	–	–	–	–
54	Line 93. Payments balance	62	15	76	Numeric
55	Blank Line	–	–	–	–
56	Line 94. Use Tax balance	62	15	76	Numeric
57	Blank line	–	–	–	–
58	Line 95. Payments after Individual Shared Responsibility Penalty	62	15	76	Numeric
59	Blank line	–	–	–	–
60	Line 96. Individual Shared Responsibility Penalty Balance	62	15	76	Numeric
61	Blank line	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540	–	–	–	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, "3103204"
63	Paper Return Survey	53	1	53	Print Reason Codes, Numeric "1"= I believe there is an extra cost to e-file "2"= I believe e-filing is not secure "3"= I do not want 3rd party software to have my data "4"= I do not want Franchise Tax Board to have my data "5"= My Federal e-file return was rejected "6"= I have no Internet connection Or blank

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540**

**Absolute Positioning Form 540 Specifications (Side 4)**

Definitions      ALPHA                    =      A-Z (MUST BE ALL CAPS)      Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.  
                          NUMERIC                    =      0-9  
                          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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-7	Form area	6	–	80	Conventional form size/style
8-60	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
8	Line 97. Overpaid tax	62	15	76	–
9	Blank line	–	–	–	–
10	Line 98. Amount of line 97 you want applied to your 2021 estimated tax	62	15	76	Numeric
11	Blank line	–	–	–	–
12	Line 99. Overpaid tax available this year.	62	15	76	Numeric
13	Blank line	–	–	–	–
14	Line 100. Tax due	62	15	76	Numeric
15-17	Blank line	–	–	–	–
18	Code 400. California Seniors Special Fund.	62	15	76	Numeric
19	Blank line	–	–	–	–
20	Code 401. Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	62	15	76	Numeric
21	Blank line	–	–	–	–
22	Code 403. Rare and Endanger Species Preservation Voluntary Tax Contribution Program	62	15	76	Numeric
23	Blank line	–	–	–	–
24	Code 405. California Breast Cancer Research Voluntary Tax Contribution Fund	62	15	76	Numeric
25	Blank line	–	–	–	–
26	Code 406. California Firefighter's Memorial Voluntary Tax Contribution Fund	62	15	76	Numeric
27	Blank line	–	–	–	–
28	Code 407. Emergency Food for Families Voluntary Tax Contribution Fund	62	15	76	Numeric
29	Blank line	–	–	–	–
30	Code 408. California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	62	15	76	Numeric
31	Blank line	–	–	–	–
32	Code 410. California Sea Otter Voluntary Tax Contribution Fund	62	15	76	Numeric
33	Blank line	–	–	–	–
34	Code 413. California Cancer Research Voluntary Tax Contribution Fund	62	15	76	Numeric
35	Blank line	–	–	–	–
36	Code 422. School Supplies for Homeless Children Fund	62	15	76	Numeric
37	Blank line	–	–	–	–

**Absolute Positioning Form 540 Specifications (Side 4)**

Definitions      ALPHA                    =      A-Z (MUST BE ALL CAPS)      Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.  
                          NUMERIC                    =      0-9  
                          ALPHANUMERIC            =      A-Z (MUST BE ALL CAPS), 0-9

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
38	Code 423. State Parks Protection Fund/Parks Pass Purchase	62	15	76	Numeric
39	Blank line	–	–	–	–
40	Code 424. Protect Our Coast and Oceans Voluntary Tax Contribution Fund	62	15	76	Numeric
41	Blank line	–	–	–	–
42	Code 425. Keep Arts in Schools Voluntary Tax Contribution Fund	62	15	76	Numeric
43	Blank line	–	–	–	–
44	Code 431. Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	62	15	76	Numeric
45	Blank line	–	–	–	–
46	Code 438. California Senior Citizen Advocacy Voluntary Tax Contribution Fund	62	15	76	Numeric
47	Blank line	–	–	–	–
48	Code 439. Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	62	15	76	Numeric
49	Blank line	–	–	–	–
50	Code 440. Rape Kit Backlog Voluntary Tax Contribution Fund	62	15	76	Numeric
51	Blank line	–	–	–	–
52	Code 443. Schools Not Prisons Voluntary Tax Contribution Fund	62	15	76	Numeric
53	Blank line	–	–	–	–
54	Code 444. Suicide Prevention Voluntary Tax Contribution Fund	62	15	76	Numeric
55	Blank line	–	–	–	–
56	Line 110. Add code 400 through code 444. This is your total contribution	62	15	76	Numeric
57-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540	–	–	–	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, "3104204"
					Print Reason Codes, Numeric "1"= I believe there is an extra cost to e-file "2"= I believe e-filing is not secure "3"= I do not want 3rd party software to have my data "4"= I do not want Franchise Tax Board to have my data "5"= My Federal e-file return was rejected "6"= I have no Internet connection
63	Paper Return Survey	53	1	53	Or blank

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540**

**Absolute Positioning Form 540 Specifications (Side 5)**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
Definitions	ALPHA = A-Z (MUST BE ALL CAPS) NUMERIC = 0-9 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9				Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
1-3	Blank lines	–	–	–	–
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-8	Form area	6	–	80	Conventional form size/style
8-60	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
9	Line 111. Amount You Owe	62	15	76	Numeric
10-14	Form area	6	–	80	Conventional form, size/style
15	Line 113. FTB 5805 Check Box	21	1	21	Upper X = marked check box Blank = unmarked check box
15	Line 113. FTB 5805F Check Box	36	1	36	Upper X = marked check box Blank = unmarked check box
15	Line 113. Underpayment of Estimated Tax	62	15	76	Numeric
16-20	Form area	6	–	80	Conventional form, size/style
21	Line 115. Refund or No Amount Due	62	15	76	Numeric
22-27	Form area	6	–	80	Conventional form, size/style
	1Checking Check Box				
28	<b>If entry in this field, there must be entries in "Routing Number" Field and "Account Number" Field. Otherwise, all three fields must be blank.</b>	23	1	23	Upper X = marked check box Blank = unmarked check box
	1Routing Number				
29	<b>If entry in this field, there must be entries in "Account Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.</b>	12	9	20	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry made in this field, there must be entries in the "DDR Account Number" Field at print line 29 and "Checking" Check box at print line 28 or "Savings" Check box at print line 30. <b>Otherwise, all four fields must be blank.</b>
	1Account Number				
29	<b>If entry in this field, there must be entries in "Routing Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.</b>	32	17	48	Numeric; "–" If entry made in this field, there must be entries in the "Routing Number" Field at print line 29 and "Checking" Check box at print line 28 or "Savings" Check box at print line 30. <b>Otherwise, all four fields must be blank.</b>
29	Line 116. 1Direct Deposit Amount	62	15	76	Numeric
30	1Savings Check Box	23	1	23	Upper X = marked check box Blank = unmarked check box
31-33	Blank lines	–	–	–	–
	2Checking Check Box				
34	<b>If entry in this field, there must be entries in "Routing Number" Field and "Account Number" Field. Otherwise, all three fields must be blank.</b>	23	1	23	Upper X = marked check box Blank = unmarked check box



**Absolute Positioning Form 540 Specifications (Side 5)**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
<p>Definitions      ALPHA                    =      A-Z (MUST BE ALL CAPS)      Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.</p> <p>                      NUMERIC                    =      0-9</p> <p>                      ALPHANUMERIC            =      A-Z (MUST BE ALL CAPS), 0-9</p>					
35	2Routing Number <b>If entry in this field, there must be entries in "Account Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.</b>	12	9	20	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry made in this field, there must be entries in the "DDR Account Number" Field at print line 35 and "Checking" Check box at print line 34 or "Savings" Check box at print line 36. <b>Otherwise, all four fields must be blank.</b>
35	2Account Number <b>If entry in this field, there must be entries in "Routing Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.</b>	32	17	48	Numeric; "-" If entry made in this field, there must be entries in the "Routing Number" Field at print line 35 and "Checking" Check box at print line 34 or "Savings" Check box at print line 36. <b>Otherwise, all four fields must be blank.</b>
35	Line 117. 2Direct Deposit Amount	62	15	76	Numeric
36	2Savings Check Box	23	1	23	Upper X = marked check box Blank = unmarked check box
37-45	Form area	6	–	80	Conventional form, size/style
46	Email address	15	49	63	Alphanumeric
46	Preferred phone number	66	14	79	Numeric; "-"
47-51	Form area	6	–	80	Conventional form, size/style
52	PTIN	71	9	79	Numeric
53-54	Blank lines	–	–	–	–
55	FEIN	71	9	79	Numeric
56	Blank line	–	–	–	–
57	Yes – Discuss Return Check Box	64	1	64	Upper X = marked check box Blank = unmarked check box
57	No – Discuss Return Check Box	71	1	71	Upper X = marked check box Blank = unmarked check box
58-61	Form area	6	–	80	Conventional form, size/style
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540	–	–	–	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, "3105204"
63	Paper Return Survey	53	1	53	Print Reason Codes, Numeric "1"= I believe there is an extra cost to e-file "2"= I believe e-filing is not secure "3"= I do not want 3rd party software to have my data "4"= I do not want Franchise Tax Board to have my data "5"= My Federal e-file return was rejected "6"= I have no Internet connection Or blank













**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

**Absolute Positioning Form 540 2EZ Specifications (Side 1)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	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	42	56	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	42	56	Conventional form size/style
5	Form Identifier (540 2EZ) Area	70	9	78	Conventional form size/style
6	Tax Year Area	7	6	12	Conventional form size/style
6	Title of Form	15	42	56	Conventional form size/style
6	Form Identifier (540 2EZ) 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	1	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	52	29	80	LEAVE BLANK
8	ARRP Area	78	3	80	Conventional form size/style
9	Taxpayer’s SSN (or ITIN) (mandatory)	6	9	14	Numeric, “–”
9	Name Control (First 4 Letters of Last Name) (mandatory)	19	4	22	Alpha, No Embedded Spaces, No symbols or punctuation
9	If Joint or Separate Tax Return, Spouse’s/RDP’s SSN (or ITIN) (mandatory)	28	9	36	Numeric, “–”
9	Form Year Indicator (mandatory)	52	2	53	“20”
9	ARRP Area	78	3	80	Conventional form size/style
10	Taxpayer’s First Name (mandatory)	6	11	16	Alpha, No Embedded Spaces
10	Taxpayer’s Middle Initial	19	1	19	Alpha, or blank
10	Taxpayer’s Last Name (mandatory)	22	35	56	Alpha
10	Taxpayer’s Suffix	59	4	62	Alpha, or blank
10	Taxpayer – If Deceased, <b>must</b> Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, “-”, mm-dd-yyyy (e.g., 08-01-2020), or blank
10	ARRP Area	78	3	80	Conventional form size/style

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

**Absolute Positioning Form 540 2EZ Specifications (Side 1)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z, (MUST BE ALL CAPS) 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
11	If Joint Spouse's/RDP's First Name (mandatory)	6	11	16	Alpha, No Embedded Spaces
11	If Joint Tax Return, Spouse's/RDP's Middle Initial	19	1	19	Alpha, or blank
11	If Joint Tax Return, Spouse's/RDP's Last Name (mandatory)	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, <b>must</b> Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, "–", mm-dd-yyyy (e.g., 08-01-2020), 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, "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, 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, or blank
13	ARRP Area	78	3	80	Conventional form size/style
13	ARRP Area (continued) RP Codes:	79	2	80	Alpha only, Courier 12-point font, any order, or blank D = Taxpayer deceased C = Spouse/RDP deceased
14	City (mandatory)	6	17	22	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, "–", 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
15	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank. 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

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

**Absolute Positioning Form 540 2EZ Specifications (Side 1)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z, (MUST BE ALL CAPS) 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
16	Taxpayer's Date of Birth	6	10	15	or blank
16	If Joint or Separate Tax Return, Spouse's/RDP's Date of Birth	18	10	27	Numeric, "-", mm-dd-yyyy (eg., 06-13-1948), or blank
16	Taxpayer's Prior Name (if applicable)	30	17	46	Alpha, Last name only, or leave blank (e.g., Marriage/RDP in the current tax year changes spouse's/RDP's maiden name)
16	If Joint Tax Return, Spouse's/RDP's Prior Name (if applicable)	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)
17-32	Blank lines	-	-	-	-
33-60	Form area with absolute position data fields	-	-	-	Conventional form size/style with absolute position data fields
33-34	Form area	6	-	80	Conventional form, size/style
35	County	13	17	29	Alphanumeric, Embedded spaces or blank
36	Address above same as principle/ physical address	79	1	79	Upper X = marked check box Blank = unmarked check box
37	Blank line	-	-	-	-
38-39	Form area	6	-	80	Conventional form, size/style
40	Street address	13	35	47	Alphanumeric, Embedded spaces, No punctuation, no symbols other than "/" or "-"
40	APT, STE	58	5	62	Alphanumeric, no symbols
41	Blank line	-	-	-	-
42	Form area	6	-	80	Conventional form, size/style
43	City	13	17	29	Alphanumeric, Embedded spaces
43	State	58	2	59	Alpha. If foreign address, leave State field Blank.
43	Zip Code	65	10	74	Numeric, "-"; If foreign address, leave Zip Code field blank.
44-45	Blank lines	-	-	-	-
46-48	Form area	6	-	80	Conventional form, size/style
49	Line 1. Single	11	1	11	Upper X = marked check box Blank = unmarked check box
49	Line 5. Qualifying Widow(er)	43	1	43	Upper X = marked check box Blank = unmarked check box
50	Blank line	-	-	-	-
51	Line 2. Married/RDP filing jointly	11	1	11	Upper X = marked check box Blank = unmarked check box
52	Blank line	-	-	-	-
53	Line 4. Head of household	11	1	11	Upper X = marked check box Blank = unmarked check box
54-55	Blank lines	-	-	-	-
56	Line 6. Claimed as a Dependent on Another Return	78	1	78	Upper X = marked check box Blank = unmarked check box
57-61	Blank lines	-	-	-	-

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

***Absolute Positioning Form 540 2EZ Specifications (Side 1)***

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z, (MUST BE ALL CAPS) 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540 2EZ	–	–	–	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, “3111204”
63	Paper Return Survey	53	1	53	Print Reason Codes, Numeric “1” = I believe there is an extra cost to e-file “2” = I believe e-filing is not secure “3” = I do not want 3 <sup>rd</sup> party software to have my data “4” = I do not want Franchise Tax Board to have my data “5” = My Federal e-file return was rejected “6” = I have no Internet connection Or blank

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

**Absolute Positioning Form 540 2EZ Specifications (Side 2)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-6	Form area	6	–	80	Conventional form size/style
7-60	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
7	Form area	6	–	80	Conventional form size/style
8	Blank line	–	–	–	–
9	Line 7. Senior Exemption Count	78	1	78	“0,” “1,” “2”
10	Blank line	–	–	–	–
11	Line 8. Dependent Exemption Count	77	2	78	Numeric, For Example “1,” “2,” “3”... “99”
12	Blank line	–	–	–	–
13	Form area	6	–	80	Conventional form, size/style
14	Line 8. Dependent 1 First Name <b>If entry made in this field, there must be entries in “Dependent 1 Last Name” field, “Dependent 1 SSN” field, and “Dependent 1 Relationship” field. Otherwise, all four fields must be blank.</b>	20	11	30	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in “Dependent 1 Last Name” field at print line 16, “Dependent 1 SSN” field at print line 18, “Dependent 1 Relationship” field at print line 20. <b>Otherwise, all four fields must be blank.</b>
14	Line 8. Dependent 2 First Name <b>If entry made in this field, there must be entries in “Dependent 2 Last Name” field, “Dependent 2 SSN” field, and “Dependent 2 Relationship” field. Otherwise, all four fields must be blank..</b>	42	11	52	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in “Dependent 2 Last Name” field at print line 16, “Dependent 2 SSN” field at print line 18, “Dependent 2 Relationship” field at print line 20. <b>Otherwise, all four fields must be blank.</b>
14	Line 8. Dependent 3 First Name <b>If entry made in this field, there must be entries in “Dependent 3 Last Name” field, “Dependent 3 Relationship” field, and “Dependent 3 SSN” field. Otherwise, all four fields must be blank.</b>	63	11	73	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in “Dependent 3 Last Name” field at print line 16, “Dependent 3 SSN” field at print line 18, “Dependent 3 Relationship” field at print line 20. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)</b>
15	Blank line	–	–	–	–
16	Line 8. Dependent 1 Last Name <b>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.</b>	20	17	36	Alpha. If entry made in this field, there must be entries in “Dependent 1 First Name” field at print line 14, “Dependent 1 SSN” at print line 18, and “Dependent 1 Relationship” field at print line 20. <b>Otherwise, all four fields must be blank.</b>
16	Line 8. Dependent 2 Last Name <b>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.</b>	42	17	58	Alpha. If entry made in this field, there must be entries in “Dependent 2 First Name” field at print line 14, “Dependent 2 SSN” at print line 18, and “Dependent 2 Relationship” field at print line 20. <b>Otherwise, all four fields must be blank.</b>



**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

**Absolute Positioning Form 540 2EZ Specifications (Side 2)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z, (MUST BE ALL CAPS) 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
16	Line 8. Dependent 3 Last Name <b>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.</b>	63	17	79	Alpha. If entry made in this field, there must be entries in “Dependent 3 First Name” field at print line 14, “Dependent 3 SSN” at print line 18, and “Dependent 3 Relationship” field at print line 20. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)</b>
17	Blank line	–	–	–	–
18	Line 8. Dependent 1 SSN <b>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.</b>	20	9	28	Numeric. If entry made in this field, there must be entries in “Dependent 1 First Name” field at print line 14, “Dependent 1 Last Name” field at print line 16 and “Dependent 1 Relationship” field at print line 20. <b>Otherwise, all four fields must be blank.</b>
18	Line 8. Dependent 2 SSN <b>If entry made in this field, there must be entries in “Dependent 2 First Name” field, “Dependent 2 Last Name” field and “Dependent 2 Relationship” field. Otherwise, all four fields must be blank.</b>	42	9	50	Numeric. If entry made in this field, there must be entries in “Dependent 2 First Name” field at print line 14, “Dependent 2 Last Name” field at print line 16 and “Dependent 2 Relationship” field at print line 20. <b>Otherwise, all four fields must be blank.</b>
18	Line 8. Dependent 3 SSN <b>If entry made in this field, there must be entries in “Dependent 3 First Name” field, “Dependent 3 Last Name” field and “Dependent 3 Relationship” field. Otherwise, all four fields must be blank.</b>	63	9	71	Numeric. If entry made in this field, there must be entries in “Dependent 3 First Name” field at print line 14, “Dependent 3 Last Name” field at print line 16 and “Dependent 3 Relationship” field at print line 20. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)</b>
19	Blank line	–	–	–	–
20	Line 8. Dependent 1 Relationship <b>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.</b>	20	12	31	Alpha. If entry made in this field, there must be entries in “Dependent 1 First Name” field at print line 14, “Dependent 1 Last Name” field at print line 16, and “Dependent 1 SSN” field at print line 18. <b>Otherwise, all four fields must be blank.</b>
20	Line 8. Dependent 2 Relationship <b>If entry made in this field, there must be entries in “Dependent 2 First Name” field, “Dependent 2 Last Name” field and “Dependent 2 SSN” field. Otherwise, all four fields must be blank.</b>	42	12	53	Alpha. If entry made in this field, there must be entries in “Dependent 2 First Name” field at print line 14, “Dependent 2 Last Name” field at print line 16, and “Dependent 2 SSN” field at print line 18. <b>Otherwise, all four fields must be blank.</b>
20	Line 8. Dependent 3 Relationship <b>If entry made in this field, there must be entries in “Dependent 3 First Name” field, “Dependent 3 Last Name” field and “Dependent 3 SSN” field. Otherwise, all four fields must be blank.</b>	63	12	74	Alpha. If entry made in this field, there must be entries in “Dependent 3 First Name” field at print line 14, “Dependent 3 Last Name” field at print line 16, and “Dependent 3 SSN” field at print line 18. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, print “SEE ATTACHED”</b>
21	Blank line	–	–	–	–
22	Form area	6	–	80	Conventional form size/style

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

**Absolute Positioning Form 540 2EZ Specifications (Side 2)**

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, (MUST BE ALL CAPS) 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
23	Line 9. Total wages from Form(s) W-2	63	15	77	Numeric
24	Blank line	–	–	–	–
25	Line 10. Total interest income	63	15	77	Numeric
26	Blank line	–	–	–	–
27	Line 11. Total dividend income	63	15	77	Numeric
28	Blank line	–	–	–	Conventional form, size/style
29	Line 12. Taxable pension amount	63	15	77	Numeric
30	Form area	6	–	80	Conventional form, size/style
31	Line 13. Total capital gains distributions from mutual funds	63	15	77	Numeric
32	Blank line	–	–	–	–
33	Line 16. Add lines 9 to 13	63	15	77	Numeric
34-35	Form area	6	–	80	Conventional form, size/style
36	Line 17. Tax from tax table	69	9	77	Numeric
37	Form area	6	–	80	Conventional form, size/style
38	Line 18. Senior exemption	73	5	77	Numeric
39	Blank line	–	–	–	–
40	Line 19. Nonrefundable renter's credit	73	5	77	Numeric
41	Blank line	–	–	–	–
42	Line 20. Credits	73	5	77	Numeric
43	Blank lines	–	–	–	–
44	Line 21. Tax	73	5	77	Numeric
45	Blank lines	–	–	–	–
46	Line 22. Total tax withheld	71	7	77	Numeric
47	Blank line	–	–	–	–
48	Line 23. Earned Income Tax Credit (EITC)	73	5	77	Numeric
49	Blank Line	–	–	–	–
50	Line 24. Young Child Tax Credit (YCTC)	71	7	77	Numeric
51	Blank Line	–	–	–	–
52	Line 25. Total payments	71	7	77	Numeric
53	Form area	6	–	80	Conventional form, size/style
54	Line 26. Use tax	48	7	54	Numeric
55	Blank line	–	–	–	–
56-57	Form area	6	–	80	Conventional form, size/style
58	Line 27 Individual Shared Responsibility (ISR) Penalty	63	15	77	Numeric
59	Blank line	–	–	–	–
60	Full-year health care coverage	16	1	16	Upper X = marked check box Blank = unmarked check box

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

***Absolute Positioning Form 540 2EZ Specifications (Side 2)***

Definitions	ALPHA = A-Z (MUST BE ALL CAPS) NUMERIC = 0-9 ALPHANUMERIC = A-Z, (MUST BE ALL CAPS) 0-9	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.			
Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
61	Blank line	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540 2EZ	–	–	–	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, "3112204"
63	Paper Return Survey	53	1	53	Print Reason Codes, Numeric "1" = I believe there is an extra cost to e-file "2" = I believe e-filing is not secure "3" = I do not want 3 <sup>rd</sup> party software to have my data "4" = I do not want Franchise Tax Board to have my data "5" = My Federal e-file return was rejected "6" = I have no Internet connection Or blank

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

**Absolute Positioning Form 540 2EZ Specifications (Side 3)**

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 5–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC	=	0-9	
	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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-8	Form area	6	–	80	Conventional form size/style
9-60	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
9	Line 28. Payments balance	63	15	77	Numeric
10	Blank line	–	–	–	–
11	Line 29. Use Tax balance	63	15	77	Numeric
12	Form area	6	–	80	Conventional form, size/style
13	Line 30 Payments after individual Shared Responsibility Penalty	63	15	77	Numeric
14	Form area	6	–	80	Conventional form, size/style
15	Line 31 Individual Shared Responsibility Penalty balance	63	15	77	Numeric
16	Blank line	–	–	–	–
17	Line 32. Overpaid tax	63	15	77	Numeric
18	Form area	6	-	80	Conventional form, size/style
19	Line 33. Tax due	63	15	77	Numeric
20-21	Form area	6	-	80	Conventional form, size/style
22	Code 400. California Seniors Fund. See instructions	63	15	77	Numeric
23	Blank line	–	–	–	–
24	Code 401. Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	63	15	77	Numeric
25	Blank line	–	–	–	–
26	Code 403. Rare and Endanger Species Preservation Voluntary Tax Contribution Program	63	15	77	Numeric
27	Blank line	–	–	–	–
28	Code 405. California Breast Cancer research Voluntary tax Contribution Fund	63	15	77	Numeric
29	Blank line	–	–	–	–
30	Code 406. California Firefighter's Memorial Voluntary Tax Contribution Fund	63	15	77	Numeric
31	Blank line	–	–	–	–
32	Code 407. Emergency Food for Families Voluntary Tax Contribution Fund	63	15	77	Numeric
33	Blank line	–	–	–	–
34	Code 408. California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	63	15	77	Numeric
35	Blank line	–	–	–	–
36	Code 410. California Sea Otter Voluntary Tax Contribution Fund	63	15	77	Numeric
37	Blank line	–	–	–	–
38	Code 413. California Cancer Research Voluntary Tax Contribution Fund	63	15	77	Numeric

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

**Absolute Positioning Form 540 2EZ Specifications (Side 3)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 5–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z, (MUST BE ALL CAPS) 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
39	Blank line	–	–	–	–
40	Code 422. School Supplies for Homeless Children Fund	63	15	77	Numeric
41	Blank line	–	–	–	–
42	Code 423. State Parks Protection Fund/Parks Pass Purchase	63	15	77	Numeric
43	Blank line	–	–	–	–
44	Code 424. Protect Our Coast and Oceans Voluntary Tax Contribution Fund	63	15	77	Numeric
45	Blank line	–	–	–	–
46	Code 425. Keep Arts in Schools Voluntary Tax Contribution Fund	63	15	77	Numeric
47	Blank line	–	–	–	–
48	Code 431. Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	63	15	77	Numeric
49	Blank line	–	–	–	–
50	Code 438. California Senior Citizen Advocate Voluntary Tax Contribution Fund	63	15	77	Numeric
51	Blank line	–	–	–	–
52	Code 439. Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	63	15	77	Numeric
53	Blank line	–	–	–	–
54	Code 440. Rape Kit Backlog Voluntary Tax Contribution Fund	63	15	77	Numeric
55	Blank line	–	–	–	–
56	Code 443. Schools Not Prisons Voluntary Tax Contribution Fund	63	15	77	Numeric
57	Blank line	–	–	–	–
58	Code 444. Suicide Prevention Voluntary Tax Contribution Fund	63	15	77	Numeric
59	Blank line	–	–	–	–
60	34. Add amounts in code 400 through code 444. This is your total contributions	63	15	77	Numeric
61	Form area	6	–	80	Conventional form, size/style
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540 2EZ	–	–	–	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, "3113204"
63	Paper Return Survey	53	1	53	Print Reason Codes, Numeric "1" = I believe there is an extra cost to e-file "2" = I believe e-filing is not secure "3" = I do not want 3 <sup>rd</sup> party software to have my data "4" = I do not want Franchise Tax Board to have my data "5" = My Federal e-file return was rejected "6" = I have no Internet connection Or blank

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

**Absolute Positioning Form 540 2EZ Specifications (Side 4)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 5–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-11	Form area	6	–	80	Conventional form size/style
12	Line 35. Amount You Owe	63	15	77	Numeric
13-17	Form area	6	–	80	Conventional form, size/style
18	Line 36. Refund or No Amount Due	63	15	77	Numeric
19-23	Form area	6	–	80	Conventional form, size/style
	1Checking Check Box				
	<b>If entry in this field, there must be entries in "Routing Number" Field and "Account Number" Field. Otherwise, all three fields must be blank.</b>				
24		29	1	29	Upper X = marked check box Blank = unmarked check box
	1Routing Number				
	<b>If entry in this field, there must be entries in "Account Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.</b>				
25		12	9	20	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry made in this field, there must be entries in the "DDR Account Number" Field at print line 25 and "Checking" Check box at print line 24 or "Savings" Check box at print line 26. <b>Otherwise, all four fields must be blank.</b>
	1Account Number				
	<b>If entry in this field, there must be entries in "Routing Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.</b>				
25		38	17	54	Numeric; "-" If entry made in this field, there must be entries in the "Routing Number" Field at print line 25 and "Checking" Check box at print line 24 or "Savings" Check box at print line 26. <b>Otherwise, all four fields must be blank.</b>
25	Line 37. 1Direct Deposit Amount	63	15	77	Numeric
26	1Savings Check Box	29	1	29	Upper X = marked check box Blank = unmarked check box
27-29	Form area	6	–	80	Conventional form, size/style
	2Checking Check Box				
	<b>If entry in this field, there must be entries in "Routing Number" Field and "Account Number" Field. Otherwise, all three fields must be blank.</b>				
30		29	1	29	Upper X = marked check box Blank = unmarked check box
31	Form area	6	–	80	Conventional form, size/style
	2Routing Number				
	<b>If entry in this field, there must be entries in "Account Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.</b>				
32		12	9	20	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry made in this field, there must be entries in the "DDR Account Number" Field at print line 32 and "Checking" Check box at print line 30 or "Savings" Check box at print line 32. <b>Otherwise, all four fields must be blank.</b>



**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540 2EZ**

**Absolute Positioning Form 540 2EZ Specifications (Side 4)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 5–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z, (MUST BE ALL CAPS) 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
	2Account Number <b>If entry in this field, there must be entries in "Routing Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.</b>	38	17	54	Numeric; "-" If entry made in this field, there must be entries in the "Routing Number" Field at print line 32 and "Checking" Check box at print line 30 or "Savings" Check box at print line 32. <b>Otherwise, all four fields must be blank.</b>
32	Line 38. 2Direct Deposit Amount	63	15	77	Numeric
32	2Savings Check Box	29	1	29	Upper X = marked check box Blank = unmarked check box
33-40	Form area	6	–	80	Conventional form, size/style
41	Email address	17	42	58	Alphanumeric
41	Preferred phone number	60	14	73	Numeric; "-"
42-46	Form area	6	–	80	Conventional form, size/style
47	PTIN	63	9	71	Numeric
48-49	Form area	6	–	80	Conventional form, size/style
50	FEIN	63	9	71	Numeric
51	Blank line	–	–	–	–
52	Yes – Discuss Return Check Box	65	1	65	Upper X = marked check box Blank = unmarked check box
52	No – Discuss Return Check Box	72	1	72	Upper X = marked check box Blank = unmarked check box
53-61	Form area	6	–	80	Conventional form, size/style
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540 2EZ	–	–	–	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, "3114204"
63	Paper Return Survey	53	1	53	Print Reason Codes, Numeric "1" = I believe there is an extra cost to e-file "2" = I believe e-filing is not secure "3" = I do not want 3 <sup>rd</sup> party software to have my data "4" = I do not want Franchise Tax Board to have my data "5" = My Federal e-file return was rejected "6" = I have no Internet connection Or blank









**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 1)**

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc Id and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC	=	0-9	
	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	42	56	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	42	56	Conventional form size/style
5	Form Identifier “540NR” Area	70	9	78	Conventional form size/style
6	Tax Year Area	7	6	12	Conventional form size/style
6	Title of Form	15	42	56	Conventional form size/style
6	Form Identifier “540NR” 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	1	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	52	29	80	print “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
9	If Joint or Separate Tax Return, Spouse’s/RDP’s SSN (or ITIN) (mandatory)	28	11	38	Numeric, “–”
9	Form Year Indicator (mandatory)	52	2	53	“20”
9	Principal Business Activity (PBA)	57	3	59	Print “PBA” only when there is a “PBA” code.
9	Principal Business Activity (PBA) Code	63	6	68	Numeric. If the PBA code is less than 6 characters and do not populate with zeros. If no PBA code, leave PBA field blank.
9	ARRP Area	78	3	80	Conventional form size/style
10	Taxpayer’s First Name (mandatory)	6	11	16	Alpha, No Embedded Spaces
10	Taxpayer’s Middle Initial	19	1	19	Alpha, or blank
10	Taxpayer’s Last Name (mandatory)	22	35	56	Alpha
10	Taxpayer’s Suffix	59	4	62	Alpha, or blank
10	Taxpayer – If Deceased, <b>must</b> Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, “-”; mm-dd-yyyy (e.g., 08-01-2020), or blank
10	ARRP Area	78	3	80	Conventional form size/style



**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 1)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
11	If Joint Spouse's/RDP's First Name (mandatory)	6	11	16	Alpha, No Embedded Spaces
11	If Joint Tax Return, Spouse's/RDP's Middle Initial	19	1	19	Alpha, or blank
11	If Joint Tax Return, Spouse's/RDP's Last Name (mandatory)	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, <b>must</b> Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, “-”, mm-dd-yyyy (e.g., 08-01-2020), 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, “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, 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, or blank
13	ARRP Area	78	3	80	Conventional form size/style
13	ARRP Area (continued) RP Codes:	79	2	80	Alpha only, Courier 12-point font, any order, or blank D = Taxpayer deceased C = Spouse/RDP deceased
14	City (mandatory)	6	17	22	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, “-”; 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
15	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank. 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

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 1)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
16	Taxpayer's Date of Birth	6	10	15	or blank
16	If Joint or Separate Tax Return, Spouse's/RDP's Date of Birth	18	10	27	Numeric, "-", mm-dd-yyyy (eg., 06-13-1948), or blank
16	Taxpayer's Prior Name (if applicable)	30	17	46	Alpha, Last name only, or leave blank (e.g., Marriage/RDP in the current tax year changes spouse's/RDP's maiden name)
16	If Joint Tax Return, Spouse's/RDP's Prior Name (if applicable)	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)
17-30	Blank lines	–	–	–	–
31-60	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
33	Line 1. Single	12	1	12	Upper X = marked check box Blank = unmarked check box
33	Line 4. Head of household	36	1	36	Upper X = marked check box Blank = unmarked check box
34	Blank line	–	–	–	–
35	Line 2. Married/RDP filing jointly	12	1	12	Upper X = marked check box Blank = unmarked check box
35	Line 5. Qualifying Widow(er)	36	1	36	Upper X = marked check box Blank = unmarked check box
36-38	Form area	6	–	80	Conventional form, size/style
39	Line 3. Married/RDP filing separately	12	1	12	Upper X = marked check box Blank = unmarked check box
40	Blank line	–	–	–	–
41	Line 6. Claimed as a Dependent on Another Return	66	1	66	Upper X = marked check box Blank = unmarked check box
42-44	Blank lines	–	–	–	–
45	Line 7. Personal Exemption Count	54	1	54	"0", "1", "2"
45	Line 7. Personal Exemption Amount	65	15	79	Numeric
46	Blank line	–	–	–	–
47	Line 8. Blind Exemption Count	54	1	54	"0", "1", "2"
47	Line 8. Blind Exemption Amount	65	15	79	Numeric
48	Blank line	–	–	–	–
49	Line 9. Senior Exemption Count	54	1	54	"0", "1", "2"
49	Line 9. Senior Exemption Amount	65	15	79	Numeric
50-51	Blank lines	–	–	–	–
52	Line 10. Dependent 1 First Name <b>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.</b>	20	11	30	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Dependent 1 Last Name" field at print line 54, "Dependent 1 SSN" field at print line 56, "Dependent 1 Relationship" field at print line 58. <b>Otherwise, all four fields must be blank.</b>

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 1)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Line 10. Dependent 2 First Name <b>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.</b>	41	11	51	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in “Dependent 2 Last Name” field at print line 54, “Dependent 2 SSN” field at print line 56, “Dependent 2 Relationship” field at print line 58. Otherwise, all four fields must be blank.
52	Line 10. Dependent 3 First Name <b>If entry made in this field, there must be entries in “Dependent 3 Last Name” field, “Dependent 3 Relationship” field, and “Dependent 3 SSN” field. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)</b>	62	11	72	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in “Dependent 3 Last Name” field at print line 54, “Dependent 3 SSN” field at print line 56, “Dependent 3 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)</b>
53	Blank line	–	–	–	–
54	Line 10. Dependent 1 Last Name <b>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.</b>	20	17	36	Alpha. If entry made in this field, there must be entries in “Dependent 1 First Name” field at print line 52, “Dependent 1 SSN” at print line 56, and “Dependent 1 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank.</b>
54	Line 10. Dependent 2 Last Name <b>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.</b>	41	17	57	Alpha. If entry made in this field, there must be entries in “Dependent 2 First Name” field at print line 52, “Dependent 2 SSN” at print line 56, and “Dependent 2 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank.</b>
54	Line 10. Dependent 3 Last Name <b>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.</b>	62	17	78	Alpha. If entry made in this field, there must be entries in “Dependent 3 First Name” field at print line 52, “Dependent 3 SSN” at print line 56, and “Dependent 3 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)</b>
55	Blank line	–	–	–	–
56	Line 10. Dependent 1 SSN <b>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.</b>	20	9	28	Numeric. If entry made in this field, there must be entries in “Dependent 1 First Name” field at print line 52, “Dependent 1 Last Name” field at print line 54 and “Dependent 1 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank.</b>
56	Line 10. Dependent 2 SSN <b>If entry made in this field, there must be entries in “Dependent 2 First Name” field, “Dependent 2 Last Name” field and “Dependent 2 Relationship” field. Otherwise, all four fields must be blank.</b>	41	9	49	Numeric. If entry made in this field, there must be entries in “Dependent 2 First Name” field at print line 52, “Dependent 2 Last Name” field at print line 54 and “Dependent 2 Relationship” field at print line 58. <b>Otherwise, all four fields must be blank.</b>

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 1)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
	Line 10. Dependent 3 SSN <b>If entry made in this field, there must be entries in "Dependent 3 First Name" field, "Dependent 3 Last Name" field and "Dependent 3 Relationship" field. Otherwise, all four fields must be blank.</b>				Numeric. If entry made in this field, there must be entries in "Dependent 3 First Name" field at print line 52, "Dependent 3 Last Name" field at print line 54 and "Dependent 3 Relationship" field at print line 58. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)</b>
56		62	9	70	
57	Blank line	–	–	–	–
	Line 10. Dependent 1 Relationship <b>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.</b>				Alpha. If entry made in this field, there must be entries in "Dependent 1 First Name" field at print line 52, "Dependent 1 Last Name" field at print line 54, and "Dependent 1 SSN" field at print line 56. <b>Otherwise, all four fields must be blank.</b>
58		20	12	31	
	Line 10. Dependent 2 Relationship <b>If entry made in this field, there must be entries in "Dependent 2 First Name" field, "Dependent 2 Last Name" field and "Dependent 2 SSN" field. Otherwise, all four fields must be blank.</b>				Alpha. If entry made in this field, there must be entries in "Dependent 2 First Name" field at print line 52, "Dependent 2 Last Name" field at print line 54, and "Dependent 2 SSN" field at print line 56. <b>Otherwise, all four fields must be blank.</b>
58		41	12	52	
	Line 10. Dependent 3 Relationship <b>If entry made in this field, there must be entries in "Dependent 3 First Name" field, "Dependent 3 Last Name" field and "Dependent 3 SSN" field. Otherwise, all four fields must be blank.</b>				Alpha. If entry made in this field, there must be entries in "Dependent 3 First Name" field at print line 52, "Dependent 3 Last Name" field at print line 54, and "Dependent 3 SSN" field at print line 56. <b>Otherwise, all four fields must be blank. (Exception: If more than three dependents, print "SEE ATTACHED".)</b>
58		62	12	73	
59	Blank line	–	–	–	–
60	Line 10. Dependent Exemption Count	51	2	52	Numeric, For Example "1," "2," "3"... "99"
60	Line 10. Dependent Exemption Amount	65	15	79	Numeric
61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540NR	–	–	–	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, "3131204"
63	Paper Return Survey	53	1	53	Print Reason Codes, numeric, "1" = I believe there is an extra cost to e-file "2" = I believe e-filing is not secure "3" = I do not want 3rd party software to have my data "4" = I do not want FTB to have my data "5" = My federal e-file return was rejected "6" = I have no internet connection Or blank

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 2)**

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC	=	0-9	
	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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-6	Form area	6	–	80	Conventional form size/style
7-60	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
7	Line 11. Exemption amount	65	15	79	Numeric
8-9	Blank lines	–	–	–	–
10	Line 12. Total CA wages from Form(s) W-2	40	15	54	Numeric
11	Blank line	–	–	–	–
12	Line 13. Federal AGI	62	15	76	Numeric
13	Blank line	–	–	–	–
14	Line 14. CA Adjustments - subtractions	62	15	76	Numeric
15-17	Form area	6	–	80	Conventional form, size/style
18	Line 16. CA Adjustments - additions	62	15	76	Numeric
19	Blank line	–	–	–	–
20	Line 17. Adjusted gross income from all sources	62	15	76	Numeric
21	Blank line	–	–	–	–
22	Line 18. Standard/Itemized Deductions	62	15	76	Numeric
23	Blank line	–	–	–	–
24	Line 19. Total taxable income "Write in"	51	5	55	Alpha
24	Line 19. Total taxable income	62	15	76	Numeric
25-27	Form area	6	–	80	Conventional form, size/style
28	Line 31. Tax from FTB 3800 Check Box	27	1	27	Upper X = marked check box Blank = unmarked check box
28	Line 31. Tax from FTB 3803 Check Box	39	1	39	Upper X = marked check box Blank = unmarked check box
28	Line 31. Tax	62	15	76	Numeric
29	Blank line	–	–	–	–
30	Line 32. CA AGI from Sch CA (540NR)	40	15	54	Numeric
31	Blank line	–	–	–	–
32	Line 35. CA Taxable Income from Sch CA (540NR)	62	15	76	Numeric
33	Blank line	–	–	–	–
34	Line 36. CA Tax Rate	49	6	54	Alphanumeric "N.NNNN"
35	Blank line	–	–	–	–
36	Line 37. CA Tax Before Exemption Credits	62	15	76	Numeric
37-38	Blank lines	–	–	–	–
39	Line 38. CA Exemption Credit Percentage	49	6	54	Alphanumeric "N.NNNN"
40	Blank line	–	–	–	–
41	Line 39. CA Prorated Exemption Credits	62	15	76	Numeric
42	Blank Line	–	–	–	–
43	Line 40. CA Regular Tax Before Credits	62	15	76	Numeric

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 2)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
44	Blank Line	–	–	–	–
45	Line 41. Tax from Sch G-1 Check Box	36	1	36	Upper X = marked check box Blank = unmarked check box
45	Line 41. Tax from FTB 5870A Check Box	48	1	48	Upper X = marked check box Blank = unmarked check box
45	Line 41. Tax	62	15	76	Numeric
46	Blank line	–	–	–	–
47	Line 42. Add line 40 and line 41	62	15	76	Numeric
48-49	Blank lines	–	–	–	–
50	Line 50. Nonrefundable Child/Dependent Care Expenses	62	15	76	Numeric
51	Blank line	–	–	–	–
52	Line 51. Credit for joint custody head of household	40	15	54	Numeric
53	Blank line	–	–	–	–
54	Line 52. Credit for dependent parent	40	15	54	Numeric
55	Blank line	–	–	–	–
56	Line 53. Credit for senior head of household	40	15	54	Numeric
57	Blank line	–	–	–	–
58	Line 54. Credit percentage	49	6	54	Alphanumeric "N.NNNN"
59	Blank line	–	–	–	–
60	Line 55. Credit amount	62	15	76	Numeric
61	Blank line	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540NR	–	–	–	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, "3132204"
63	Paper Return Survey	53	1	53	Print Reason Codes, numeric, "1" = I believe there is an extra cost to e-file "2" = I believe e-filing is not secure "3" = I do not want 3rd party software to have my data "4" = I do not want FTB to have my data "5" = My federal e-file return was rejected "6" = I have no internet connection Or blank



**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 3)**

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC	=	0-9	
	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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-6	Form area	6	–	80	Conventional form, size/style
7-59	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
7	Line 58. Code	44	3	46	Numeric
7	Line 58. Amount	62	15	76	Numeric
8	Blank line	–	–	–	–
9	Line 59. Code	44	3	46	Numeric
9	Line 59. Amount	62	15	76	Numeric
10	Blank line	–	–	–	–
11	Line 60. Claim more than two credits	62	15	76	Numeric
12	Blank line	–	–	–	–
13	Line 61. Nonrefundable renter's credit	62	15	76	Numeric
14	Blank line	–	–	–	–
15	Line 62. Total Credits	62	15	76	Numeric
16	Blank line	–	–	–	–
17	Line 63. Subtract line 62 from line 42	62	15	76	Numeric
18-19	Blank lines	–	–	–	–
20	Line 71. Alternative minimum tax	62	15	76	Numeric
21	Blank line	–	–	–	–
22	Line 72. Mental Health Services Tax	62	15	76	Numeric
23	Blank line	–	–	–	–
24	Line 73. Other taxes and credits "write in"	36	20	55	Alphanumeric
24	Line 73. Other taxes and credit recapture	62	15	76	Numeric
25	Blank line	–	–	–	–
26	Line 74. Excess Advance Premium	62	15	76	Numeric
27	Blank lines	–	–	–	–
28	Line 75. Total Tax	62	15	76	Numeric
29-30	Blank lines	–	–	–	–
31	Line 81. CA income tax withheld	62	15	76	Numeric
32	Blank line	–	–	–	–
33	Line 82. CA estimated tax and other payments	62	15	76	Numeric
34	Blank line	–	–	–	–
35	Line 83. Withholding (Form 592-B and/or 593)	62	15	76	Numeric
36	Blank line	–	–	–	–
37	Line 84. Excess SDI (or VPDI) withheld	62	15	76	Numeric
38	Blank line	–	–	–	–
39	Line 85. Earned Income Tax Credit	62	15	76	Numeric
40	Blank line	–	–	–	–
41	Line 86. Young Child Tax Credit	62	15	76	Numeric

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 3)**

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
42	Blank line	62	15	76	Numeric
43	Line 87. Net Premium Assistance Subsidy	62	15	76	Numeric
44	Blank lines	–	–	–	–
45	Line 87. Total Payments "Write in"	49	7	55	Alphanumeric
43	Line 87. Total Payments	62	15	76	Numeric
46-47	Blank lines	–	–	–	–
48	Line 91. Individual Shared Responsibility Penalty	53	15	67	Numeric
49	Blank line	–	–	–	–
50	Full-year health care coverage	14	1	14	–
51-52	Blank line	–	–	–	–
53	Line 92. Payment after individual Shared Responsibility	62	15	76	Numeric
54	Blank line	–	–	–	–
55	Line 93. Individual Shared Responsibility Penalty Balance.	62	15	76	Numeric
56	Blank line	–	–	–	–
57	Line 101. Overpaid Tax	62	15	76	Numeric
58	Blank line	–	–	–	–
59	Line 102. Overpaid tax applied to estimated tax	62	15	76	Numeric
60-62	Blank lines	–	–	–	–
63	Bottom Registration Mark, Anchor Mark, and conventional Form 540NR	–	–	–	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, "3133204"
					Print Reason Codes, numeric, "1" = I believe there is an extra cost to e-file "2" = I believe e-filing is not secure "3" = I do not want 3rd party software to have my data "4" = I do not want FTB to have my data "5" = My federal e-file return was rejected "6" = I have no internet connection Or blank
63	Paper Return Survey	53	1	53	

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 4)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-6	Form area	6	–	80	Conventional form size/style
7	Line 103. Overpaid tax available this year	62	15	76	Numeric
8	Blank lines	–	–	–	–
9	Line 104. tax due.	62	15	76	Numeric
10-13	Blank lines	–	–	–	–
14-52	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
14	Code 400. California Seniors Special Fund	62	15	76	Numeric
15	Blank line	–	–	–	–
16	Code 401. Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	62	15	76	Numeric
17	Blank line	–	–	–	–
18	Code 403. Rare and Endangered Species Preservation Voluntary Tax Contribution Program	62	15	76	Numeric
19	Blank line	–	–	–	–
20	Code 405. California Breast Cancer Research Voluntary Tax Contribution Fund	62	15	76	Numeric
21	Blank line	–	–	–	–
22	Code 406. California Firefighters' Memorial Voluntary Tax Contribution Fund	62	15	76	Numeric
23	Blank line	–	–	–	–
24	Code 407. Emergency Food for Families Voluntary Tax Contribution Fund	62	15	76	Numeric
25	Blank line	–	–	–	–
26	Code 408. California Peace Officer Memorial Foundation Voluntary Tax Fund	62	15	76	Numeric
27	Blank line	–	–	–	–
28	Code 410. California Sea Otter Voluntary Tax Contribution Fund	62	15	76	Numeric
29	Blank line	–	–	–	–
30	Code 413. California Cancer Research Voluntary Tax Contribution Fund	62	15	76	Numeric
31	Blank line	–	–	–	–
32	Code 422. School Supplies for Homeless Children Fund	62	15	76	Numeric
33	Blank line	–	–	–	–
34	Code 423. State Parks Protection Fund/Parks Pass Purchase	62	15	76	Numeric
35	Blank line	–	–	–	–
36	Code 424. Protect our Coast and Oceans Voluntary Tax Contribution Fund	62	15	76	Numeric
37	Blank line	–	–	–	–

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 4)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)				Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9				
	ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9				

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
38	Code 425. Keep Arts in Schools Voluntary Tax Contribution Fund	62	15	76	Numeric
39	Blank line	–	–	–	–
40	Code 431. Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	62	15	76	Numeric
41	Blank line	–	–	–	–
42	Code 438. California Senior Citizen Advocacy Voluntary Tax Contribution Fund	62	15	76	Numeric
43	Blank line	–	–	–	–
44	Code 439. Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	62	15	76	Numeric
45	Blank lines	–	–	–	–
46	Code 440. Rape Kit Backlog Voluntary Tax Contribution Fund	62	15	76	Numeric
47	Blank line	–	–	–	–
48	Code 443. Schools Not Prisons Voluntary Tax Contribution Fund	62	15	76	Numeric
49	Blank line	–	–	–	–
50	Code 444. Suicide Prevention Voluntary Tax Contribution Fund	62	15	76	Numeric
51	Blank line	–	–	–	–
52	Line 120. Total Contributions	62	15	76	Numeric
53-62	Blank lines	–	–	–	–
63	Bottom Registration Mark, Anchor Mark, and conventional Form 540NR	–	–	–	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, "3134204"
					Print Reason Codes, numeric, "1" = I believe there is an extra cost to e-file "2" = I believe e-filing is not secure "3" = I do not want 3rd party software to have my data "4" = I do not want FTB to have my data "5" = My federal e-file return was rejected "6" = I have no internet connection Or blank
63	Paper Return Survey	53	1	53	Or blank

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 5)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-7	Form area	6	–	80	Conventional form size/style
8-57	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
8	Line 121. Amount You Owe	62	15	76	Numeric
9-13	Form area	6	–	80	Conventional form, size/style
14	Line 123. FTB 5805 Check Box	22	1	22	Upper X = marked check box Blank = unmarked check box
14	Line 123. FTB 5805F Check Box	36	1	36	Upper X = marked check box Blank = unmarked check box
14	Line 123. Underpayment of Estimated Tax	62	15	76	Numeric
15-18	Form area	6	–	80	Conventional form, size/style
19	Line 125. Refund or No Amount Due	62	15	76	Numeric
20-25	Blank lines	–	–	–	–
26	1 Checking Check Box <b>If entry in this field, there must be entries in “Routing Number” Field and “Account Number” Field. Otherwise, all three fields must be blank.</b>	24	1	24	Upper X = marked check box Blank = unmarked check box
27	1 Routing Number <b>If entry in this field, there must be entries in “Account Number” Field and “Checking or Savings” Check Box. Otherwise, all three fields must be blank.</b>	12	9	20	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry made in this field, there must be entries in the “DDR Account Number” Field at print line 27 and “Checking” Check box at print line 26 or “Savings” Check box at print line 28. <b>Otherwise, all four fields must be blank.</b>
27	1 Account Number <b>If entry in this field, there must be entries in “Routing Number” Field and “Checking or Savings” Check Box. Otherwise, all three fields must be blank.</b>	32	17	48	Numeric; “-” If entry made in this field, there must be entries in the “Routing Number” Field at print line 27 and “Checking” Check box at print line 26 or “Savings” Check box at print line 28. <b>Otherwise, all four fields must be blank.</b>
27	Line 126. 1 Direct Deposit Amount	62	15	76	Numeric
28	1 Savings Check Box	24	1	24	Upper X = marked check box Blank = unmarked check box
29-32	Blank lines	–	–	–	–
33	2 Checking Check Box <b>If entry in this field, there must be entries in “Routing Number” Field and “Account Number” Field. Otherwise, all three fields must be blank.</b>	24	1	24	Upper X = marked check box Blank = unmarked check box

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR**

**Absolute Positioning Form 540NR Specifications (Side 5)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
	2Routing Number <b>If entry in this field, there must be entries in "Account Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.</b>	12	9	20	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry made in this field, there must be entries in the "DDR Account Number" Field at print line 34 and "Checking" Check box at print line 33 or "Savings" Check box at print line 35. <b>Otherwise, all four fields must be blank.</b>
34	2Account Number <b>If entry in this field, there must be entries in "Routing Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.</b>	32	17	48	Numeric; "-" If entry made in this field, there must be entries in the "Routing Number" Field at print line 34 and "Checking" Check box at print line 33 or "Savings" Check box at print line 35. <b>Otherwise, all four fields must be blank.</b>
34	Line 127. 2Direct Deposit Amount	62	15	76	Numeric
35	2Savings Check Box	24	1	24	Upper X = marked check box Blank = unmarked check box
36-45	Form area	6	–	80	Conventional form, size/style
46	Email address	15	48	62	Alphanumeric
46	Preferred phone number	66	14	79	Numeric; "-"
47-51	Form area	6	–	80	Conventional form, size/style
52	PTIN	71	9	79	Numeric
53-54	Blank lines	–	–	–	–
55	FEIN	71	9	79	Numeric
56	Blank line	–	–	–	–
57	Yes – Discuss Return Check Box	64	1	64	Upper X = marked check box Blank = unmarked check box
57	No – Discuss Return Check Box	72	1	72	Upper X = marked check box Blank = unmarked check box
58-62	Form area	6	–	80	Conventional form, size/style
63	Bottom Registration Mark, Anchor Mark, and conventional Form 540NR	–	–	–	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, "3135204"
63	Paper Return Survey	53	1	53	Print Reason Codes, numeric, "1" = I believe there is an extra cost to e-file "2" = I believe e-filing is not secure "3" = I do not want 3rd party software to have my data "4" = I do not want FTB to have my data "5" = My federal e-file return was rejected "6" = I have no internet connection Or blank













**GUIDELINES FOR ABSOLUTE POSITIONING FORM 5805**

**Absolute Positioning Forms FTB 5805 Specifications (Side 1)**

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC	=	0-9	
	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 line	–	–	–	–
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-31	Form area	6	–	80	Conventional form, size/style
32	Line 1. Penalty Waiver – Yes	70	1	70	Upper X = marked check box Blank = unmarked check box
32	Line 1. Penalty Waiver – No	77	1	77	Upper X = marked check box Blank = unmarked check box
33-37	Form area	6	–	80	Conventional form, size/style
38	Line 2. Annualized Income Installment Method Used? – Yes	70	1	70	Upper X = marked check box Blank = unmarked check box
38	Line 2. Annualized Income Installment Method Used? – No	77	1	77	Upper X = marked check box Blank = unmarked check box
39-40	Form area	6	–	80	Conventional form, size/style
41	Line 3. California Withholding Installments – Yes	70	1	70	Upper X = marked check box Blank = unmarked check box
41	Line 3. California Withholding Installments – No	77	1	77	Upper X = marked check box Blank = unmarked check box
42	Form area	6	–	80	Conventional form, size/style
43	Line 3. California Withholding Installments – NA	73	1	73	Alpha, Last name only, or leave blank (e.g., Marriage/RDP in the current tax year changes spouse's/RDP's maiden name)
44-46	Form area	6	–	80	Conventional form, size/style
47	Line 3. Actual amounts withheld 7/15	17	15	31	Numeric
47	Line 3. Actual amounts withheld 7/15	45	15	59	Numeric
48	Form area	6	–	80	Conventional form, size/style
49	Line 3. Actual amounts withheld 9/15	17	15	31	Numeric
49	Line 3. Actual amounts withheld 1/15	45	15	59	Numeric
50-51	Form area	6	–	80	Conventional form, size/style
52	Line 4. Estates and Trusts – Yes	70	1	70	Upper X = marked check box Blank = unmarked check box
52	Line 4. Estates and Trusts – No	77	1	77	Upper X = marked check box Blank = unmarked check box
53-62	Blank lines	–	–	–	–
63	Bottom Registration Mark, Anchor Mark, and conventional form	–	–	–	–
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc ID (mandatory)	40	7	46	Numeric, "7671204" (Side 1)

**GUIDELINES FOR ABSOLUTE POSITIONING FORM 5805**

***Absolute Positioning Forms FTB 5805 Specifications (Side 2)***

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC	=	0-9	
	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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-47	Form area	6	–	80	Conventional form size/style
48	Line 13. PENALTY	63	15	77	Numeric
49-62	Blank lines	–	–	–	–
63	Bottom Registration Mark, Anchor Mark, and conventional form	–	–	–	–
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "7672204" (Side 2)

***Absolute Positioning Forms FTB 5805 Specifications (Side 3)***

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 5–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC	=	0-9	
	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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-56	Form area	6	–	80	Conventional form size/style
57-62	Blank lines	–	–	–	–
63	Doc. ID (mandatory)	40	7	46	Numeric, "7673204" (Side 3)



**GUIDELINES FOR ABSOLUTE POSITIONING FORM 5805**

***Absolute Positioning Forms FTB 5805 Specifications (Side 4)***

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 5–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC	=	0-9	
	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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-45	Form area	6	–	80	Conventional form size/style
46	Line 23. (a) Underpayment and penalty: 1/1/20 to 3/31/20	11	15	25	Numeric
46	Line 23. (b) Underpayment and penalty: 1/1/20 to 5/31/20	29	15	43	Numeric
46	Line 23. (c) Underpayment and penalty: 1/1/20 to 8/31/20	47	15	61	Numeric
46	Line 23. (d) Underpayment and penalty: 1/1/20 to 12/31/20	65	15	79	Numeric
47-62	Blank lines	–	–	–	–
63	Doc. ID (mandatory)	40	7	46	Numeric, "7674204" (Side 4)









**GUIDELINES FOR ABSOLUTE POSITIONING SCHEDULE W-2**

**Absolute Positioning Schedule W-2 Specifications**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
Definitions		ALPHA =	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID and Doc ID.	
		NUMERIC =	0-9		
		ALPHANUMERIC =	A-Z (MUST BE ALL CAPS), 0-9		
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	“CALIFORNIA SCHEDULE” and “Underline”	69	12	80	Conventional form size/style
5	Tax Year Area “2020”	7	6	12	Conventional form size/style
5	Title of Form	31	25	55	Conventional form size/style
5	Form Identifier (W-2) Area	73	4	76	Conventional form size/style
6	Tax Year Area “2020”	7	6	12	Conventional form size/style
6	Title of Form	31	25	55	Conventional form size/style
6	Form Identifier (W-2) Area	73	4	76	Conventional form size/style
6	Bold Line	6	–	80	Conventional form size/style
7-13	Form Area	6	–	80	Conventional form size/style
14	Blank Line	–	–	–	–
15-60	Form area with absolute positioning data fields	–	–	–	–
15	a. Employee’s social security number	11	9	19	Numeric
15	c. Employer’s name	34	35	68	Alphanumeric, no embedded spaces, no symbols or punctuation
16-17	Blank Lines	–	–	–	–
18	b. Employer identification number	11	9	19	Numeric
18	Employer’s Address (mandatory)	34	35	68	Alphanumeric, embedded spaces, no punctuation, no symbols other than “/” or “-”
19-20	Blank Lines	–	–	–	–
21	City (mandatory)	34	17	50	Alphanumeric, embedded spaces
21	State (mandatory)	55	2	56	Alpha. If foreign address, leave state field blank.
21	Zip Code	61	19	79	Alphanumeric “-”; If US address, Zip Code must be 5 or 9 digits. If foreign address, leave State field blank and enter Foreign Postal Code + 2 alpha character Country Abbreviation at position 78-79
22-23	Blank Lines	–	–	–	–
24	e. Employee’s First Name (mandatory)	11	11	21	Alpha, No Embedded Spaces
24	Initial	28	1	28	Alpha or blank
24	Last name (mandatory)	35	35	69	Alpha
24	Employee Suffix	75	4	78	Alpha, or blank
25-26	Blank Lines	–	–	–	–
27	f. Employee Address (mandatory)	11	35	45	Alpha, Embedded Space, no punctuation, no symbols other than “/” or “-”
28-29	Blank Lines	–	–	–	–
30	City (mandatory)	11	17	27	Alphanumeric, Embedded Spaces
30	State (mandatory). Use the Standard Abbreviations in this publication	32	2	33	Alphanumeric, If foreign address, leave state field blank
30	Zip Code	40	19	58	Alphanumeric “-”; If US address, Zip Code must be 5 or 9 digits. If foreign address, leave State field blank and enter Foreign Postal Code + 2 alpha character Country Abbreviation at position 57-58.

## GUIDELINES FOR ABSOLUTE POSITIONING SCHEDULE W-2

### Absolute Positioning Schedule W-2 Specifications

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
Definitions	ALPHA = A-Z (MUST BE ALL CAPS)				Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID and Doc ID.
	NUMERIC = 0-9				
	ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9				
31-32	Blank Lines	–	–	–	–
33	1. Wages, tips, other compensation	11	15	25	Numeric
33	4. Social security tax withheld	35	15	49	Numeric
33	8. Allocated tips (not included in box 1)	58	15	72	Numeric
34-35	Blank Lines	–	–	–	–
36	2. Federal Income tax withheld	11	15	25	Numeric
36	6. Medicare tax withheld	35	15	49	Numeric
36	10. Dependent care benefits	58	15	72	Numeric
37-38	Blank Lines	–	–	–	–
39	3. Social security wages	11	15	25	Numeric
39	7. Social security tips	35	15	49	Numeric
39	11. Nonqualified plans	58	15	72	Numeric
40-42	Blank Lines	–	–	–	–
43	12a. Code	11	4	14	Numeric
43	Amount	21	15	35	Numeric
43	12c. Code	49	4	52	Numeric
43	Amount	58	15	72	Numeric
44-45	Blank Lines	–	–	–	–
46	12b. Code	11	4	14	Numeric
46	Amount	21	15	35	Numeric
46	12d. Code	49	4	52	Numeric
46	Amount	58	15	72	Numeric
47-49	Blank Lines	–	–	–	–
50	Statutory employee	11	1	11	Upper X = marked check box Blank = unmarked check box
50	Retirement plan	32	1	32	Upper X = marked check box Blank = unmarked check box
50	Third-party sick pay	49	1	49	Upper X = marked check box Blank = unmarked check box
51-54	Blank Lines	–	–	–	–
55	Type	11	6	16	Alpha
55	Amount	22	15	36	Numeric
55	16. State wages, tips, etc.	49	15	63	Numeric
56-59	Blank Lines	–	–	–	–
60	State (mandatory)	11	2	12	Alpha, If foreign address, leave state field blank
60	Employer's state ID number	22	15	36	Numeric, "-"
60	17. State income tax	49	15	63	Numeric
61	Blank Lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional area Schedule W-2	–	–	–	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 "8041204"





**GUIDELINES FOR ABSOLUTE POSITIONING SCHEDULE X**

**Absolute Positioning Schedule X Specifications (Side 1)**

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC = 0-9	
	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	42	56	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	42	56	Conventional form size/style
5	Form Identifier “X” Area	70	9	78	Conventional form size/style
6	Title of Form	15	42	56	Conventional form size/style
6	Form Identifier “X” Area	70	9	78	Conventional form size/style
6	Bold Line	6	–	80	Conventional form size/style
7-61	Form area with absolute positioning data fields	–	–	–	Conventional form size/style
7-8	Form area	6	–	80	Conventional form size/style
9	Name(s) as shown on amended tax return	6	58	63	Alpha, No Embedded Spaces, No symbols or punctuations
9	SSN or ITIN	66	14	79	–
10	Blank Line	–	–	–	–
11	“Part 1 Financial Adjustments – Reconciliation”	6	–	80	Conventional form size/style
12	Blank Line	–	–	–	–
13	Line 1. Enter the amount you owe	63	15	77	Numeric
14	Form area	6	–	80	Conventional form size/style
15	Line 2. Overpaid Tax	63	15	77	Numeric
16	Blank Line	–	–	–	–
17	Line 3. Add line 1 and line 2	63	15	77	Numeric
18	Blank Line	–	–	–	–
19	Line 4. Enter the refund	63	15	77	Numeric
20	Form area	6	–	80	Conventional form size/style
21	Line 5. Tax paid with original tax return	63	15	77	Numeric
22	Blank Line	–	–	–	–
23	Line 6. Add line 4 and line 5	63	15	77	Numeric
24	Blank Line	–	–	–	–
25	Line 7. Amount you owe	63	15	77	Numeric
26	Form area	6	–	80	Conventional form size/style
27	Line 8. Penalties/Interest	63	15	77	Numeric
28	Blank Line	–	–	–	–
29	Line 9. Refund subtotal	63	15	77	Numeric
30	Blank Line	–	–	–	–
31	Line 10. Amount applied to estimated tax	63	15	77	Numeric
32	Blank Line	–	–	–	–

**GUIDELINES FOR ABSOLUTE POSITIONING SCHEDULE X**

**Absolute Positioning Schedule X Specifications (Side 1)**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
Definitions	ALPHA = A-Z (MUST BE ALL CAPS) NUMERIC = 0-9 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9				Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
33	Line 11. Refund	63	15	77	Numeric
34	Blank Line	–	–	–	–
35	“Part II Reason(s) for Amending”	6		25	Conventional form size/style
36-37	Form area	6		80	Conventional form size/style
38	Line 1a. Protective claim for refund	13	1	13	Upper X = marked check box Blank = unmarked check box
38	Line 1f. NOL carryback	41	1	41	Upper X = marked check box Blank = unmarked check box
38	Line 1k. Military HR 100	66	1	66	Upper X = marked check box Blank = unmarked check box
39	Blank Line	–	–	–	–
40	Line 1b. Reservation source income adjustments	13	1	13	Upper X = marked check box Blank = unmarked check box
40	Line 1g. Error on original return	41	1	41	Upper X = marked check box Blank = unmarked check box
40	Line 1l. Informal claim	66	1	66	Upper X = marked check box Blank = unmarked check box
41	Blank Line	–	–	–	–
42	Line 1c. Pass-through entity adjustments	13	1	13	Upper X = marked check box Blank = unmarked check box
42	Line 1h. Credit adjustments	41	1	41	Upper X = marked check box Blank = unmarked check box
42	Line 1m. Other	66	1	66	Upper X = marked check box Blank = unmarked check box
43	Blank Line	–	–	–	–
44	Line 1d. Federal audit and/or adjustments	13	1	13	Upper X = marked check box Blank = unmarked check box
44	Line 1i. Earned income tax credit	41	1	41	Upper X = marked check box Blank = unmarked check box
45	Blank Line	–	–	–	–
46	Line 1e. FTB audit contact	13	1	13	Upper X = marked check box Blank = unmarked check box
46	Line 1j. Disaster loss	41	1	41	Upper X = marked check box Blank = unmarked check box
47-61	Form area	6	–	80	Conventional form size/style
62-63	Bottom Registration Mark, Anchor Mark, and conventional Schedule X	–	–	–	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, “8531204”





**GUIDELINES FOR SUBSTITUTE FORMS 100, 100S, 100W, AND 100X**

**Substitute Forms 100, 100S, 100W and 100X Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 8–15) 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
11	Name of Corporation (mandatory)	8	70	77	Alphanumeric, Embedded spaces, “-”, “/”, “&”, No other symbols or punctuation
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
16-17	Blank lines	-	-	-	-
18-59	Form area	6	-	80	Conventional form, size/style
60-61	Blank lines	-	-	-	-
62–63	Bottom Registration Mark, Anchor Mark, and conventional area of Form 100, 100S, 100W, or 100X	-	-	-	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), and “XXXXXXX” (Side 6)





**GUIDELINES FOR SUBSTITUTE FORMS 565 AND 568**

**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 U = Military - Combat Zone/Overseas
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

**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  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
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. <b>Do not use commas.</b>
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	–	–	–	–





**GUIDELINES FOR SUBSTITUTE SCHEDULE K-1 (100S)**

**Substitute Schedule K-1 (100S) Specifications**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
<p>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</p>					
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 100S) 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 100S) 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	Shareholder’s Identification number (mandatory)	8	11	18	Numeric, “–”; Enter SSN or ITIN (e.g., “123-45-6789”) or FEIN (e.g., “12-3456789”)
11	Shareholder’s First Name	8	11	18	Alpha, No Embedded spaces, or blank. If Shareholder’s Identification Number is an SSN or ITIN, enter individual’s name on print line 11. Otherwise, leave print line 11 blank.
11	Shareholder’s Middle Initial	21	1	21	Alpha, or blank
11	Shareholder’s Last Name	24	17	40	Alpha, or blank
12	Shareholder’s Name	8	70	77	Alphanumeric, Embedded spaces, “–”, “/”, “&”, No other symbols or punctuation. If Shareholder’s Identification Number is a FEIN or Revocable Trust SSN, enter shareholder’s name on print line 12. Otherwise leave print line 12 blank.
13	Additional Information for In-Care-Of, Owner, Representative, Attention name, Doing Business As (DBA) or supplemental address information	8	30	37	Alphanumeric, Embedded spaces, “/”; No other symbols or punctuation. If no in-care-of/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

**GUIDELINES FOR SUBSTITUTE SCHEDULE K-1 (100S)**

**Substitute Schedule K-1 (100S) Specifications**

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
<p>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</p>					
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	Corporation Number (mandatory)	8	7	14	Numeric, seven digits or zero fill (e.g., “1234567” or “0000000”)
18	Federal Employer Identification Number (FEIN) (if available)	25	10	34	Numeric, “-” or zero fill (e.g., “12-3456789” or “00-0000000”)
19	Name of Corporation (mandatory)	8	70	77	Alphanumeric, Embedded spaces, “-”, “/”, “&”, No other symbols or punctuation
20	Additional Information for Owner, Representative, Attention name, 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 (100S)	–	–	–	End of bottom registration mark, anchor mark, and conventional form size/style
63	CTP ID	32	3	34	Numeric, replace “613” with your assigned CTP ID.
63	Doc. ID (mandatory)	40	7	46	Numeric, “7871204” (Side 1), “7872204” (Side 2), and “7873204” (Side 3)



**GUIDELINES FOR SUBSTITUTE SCHEDULE K-1 (565 AND 568)**

**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. All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.
	NUMERIC	=	0-9	
	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



**GUIDELINES FOR SUBSTITUTE SCHEDULE K-1 (565 AND 568)**

**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)



## Guidelines for Personal Income Tax (PIT) Scannable Payment Forms/Vouchers

### Submitting PIT Scannable Payment Forms/vouchers 540-ES, 541-ES, FTB 3519, 3563, 3582, 3582X, and 3843 Approval Checklist

All taxpayer data (print lines 51-58 ) are in Courier 12-point font, not bold.

#### Entity Data Placement

To get entity data placement approval, submit vouchers that:

- Print all alpha characters in upper case.
- Have all fields in the correct location.
- Follow “**PIT Entity Entry Instructions**” for absolute positioning Form 540.
- DO NOT FILL FIELDS WITH “X’s.”** If your software does not support the maximum entity field size, indicate the supported field size in your software company’s review package cover letter.
- Print an example with the taxpayer’s Last Name field.
- Print an example with the spouse’s Last Name field.
- Print an example entering taxpayer’s Suffix (4 characters).
- Print an example entering spouse’s Suffix (4 characters).
- Print an example with the Additional Information field.
- Print an example with the Executor/Guardian field.
- Print an example with the Street Address field.
- Print an example with Foreign Address using the two-digit country abbreviation. (Leave State and ZIP Code blank).
- Print example with Private Mailbox (PMB) and number. Left align the number/letter if less than 6 digits. **Do not hardcode “PMB.”**
- Print example without Private Mailbox (PMB) and number.
- Give example of a fiscal year filer (APE).<sup>1</sup> (Applies to Forms 540-ES, 541-ES, FTB 3563, and FTB 3843 only).
- Give example of a calendar year filer (Place single “0” in print position 77). (Applies to Forms 540-ES, 541-ES, FTB 3563, and FTB 3843 only).
- Exception for Form 540-ES and 541-ES only:** When estimate payment amount is unknown, leave “Amount of payment” area blank.

#### Line Geometry

- Bold line at print line 49, prints at position 6 through position 80.
- Bottom registration mark .25-line weight rule at print line 62, prints at position 6 through position 28 and at position 58 through position 80.<sup>2</sup>
- Bottom registration mark 2-point rule at print line 62, prints at position 31 through position 35 and at position 51 through position 55.
- Bottom registration mark 2-point vertical rule at print line 62, end at print line 63, at print position 35/36 and position 50/51.

#### Anchor Marks (Forms 540-ES, 541-ES, 3582, and 3582X only)

Print three anchor marks on each page.

- Solid, black square that is 3/16 of an inch square.
- Allow 1/4 of an inch of white space around the anchor marks (**Exception:** Registration marks on print line 62 can touch the bottom anchor marks).
- Top anchor mark on print line 4, at print positions 59-60.
- Bottom left anchor mark on print line 63, at print positions 6-7.
- Bottom right anchor mark on print line 63, at print positions 79-80.

#### CTP ID

- Print 3-digit CTP ID (Courier 12-point font) in print positions 32, 33, and 34 on print line 63.

#### Document ID String

- Document ID (Courier 12-point font) is 7-digits in and must print in positions 40 through 46 on print line 63 (Must have four blank spaces before and after string).
- Document ID is correct (i.e., contains correct assigned form number, side/page number, tax year, and source code).

#### Fiduciary Name Control Guidelines

On Forms 541-ES, FTB 3563, and FTB 3843, all estates use “ESTA” and all trusts use “TRUS”. Name control follows the estate’s or trust’s FEIN.

<sup>1</sup> If your software does not support fiscal year filers, indicate this in your software company’s review package cover letter.

<sup>2</sup> If your software cannot support the .25-line weight rule, use a 1-point rule. Indicate the use of the 1-point rule in your software company’s review package cover letter.

Scannable Form 540-ES 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 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

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	–	–	–	–
6-13	“PAYMENT FORM...” and box	12	62	73	Conventional form size/style
14	Blank line	–	–	–	–
15-28	“WHERE TO FILE” and box	12	62	73	Conventional form size/style
29	Blank line	–	–	–	–
30-35	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
36-44	Blank lines	–	–	–	–
45	“Detach Here”/“Do Not Mail” line	6	75	80	Conventional form size/style
46	“CAUTION: You may be required to pay electronically. See instructions.”	6	46	51	Conventional form size/style
46	Payment Due Date	62	19	80	Conventional form size/style “File and Pay by April 15, 2021” “File and Pay by June 15, 2021” “File and Pay by Sept. 15, 2021” “File and Pay by Jan. 18, 2022”
47	“Taxable Year” and underline	6	8	13	Conventional form size/style
47	“California Form” and underline	69	11	79	Conventional form size/style
48	Taxable Year Area “2021”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “540-ES” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2021”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “540-ES” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	Conventional form size/style
51	Taxpayer’s SSN (or ITIN) (mandatory)	6	11	16	Numeric, “–”
51	Name Control (First 4 Letters of Taxpayer’s Last Name.) (mandatory)	19	4	22	Alpha. No embedded spaces, No symbols or punctuation
51	If Joint Return, Spouse’s/RDP’s SSN (or ITIN) (mandatory)	28	11	38	Numeric, “–”
51	Form Year Indicator	59	2	60	“21”
51	Account Period Ending (APE)	68	3	70	“APE”
51	APE	72	6	77	Calendar year payment = “0” at print position 77. Fiscal year payment = “MMYYYY”
52	Taxpayer’s First Name (mandatory)	6	11	16	Alpha, No embedded spaces
52	Taxpayer’s Middle Initial	19	1	19	Alpha
52	Taxpayer’s Last Name (mandatory)	22	35	56	Alpha
52	Taxpayer’s Suffix	59	4	62	Alphanumeric

## GUIDELINES FOR SCANNABLE FORM 540-ES

### Scannable Form 540-ES 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 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
53	If Joint Return, Spouse's/RDP's First Name (mandatory)	6	11	16	Alpha, No embedded spaces
53	If Joint Return, Spouse's/RDP's Middle Initial	19	1	19	Alpha
53	If Joint Return, Spouse's/RDP's Last Name (mandatory)	22	35	56	Alpha
53	If Joint Return, Spouse's/RDP's Suffix	59	4	62	Alphanumeric
54	Additional Information	6	35	40	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/". If no "in-care-name" and additional information leave print line 54 blank.
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, No symbols other than "/" or "-"
55	APT, STE, SP, RM, FL, BLDG, and UN	43	5	47	Alpha, "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	49	5	53	Alphanumeric, no symbols
55	Private Mail Box (PMB)	56	3	58	Print "PMB" only when there is a "PMB" number or letter
55	Private Mail Box Number or Letter	60	6	65	Alphanumeric
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha. If foreign address, leave State field blank.
56	ZIP Code	29	10	38	Numeric, "-" If foreign address, leave Zip Code field blank.
57	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank
57	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58	Amount of Payment	42	17	58	Print as: "Amount of Payment"
58	Taxpayer's Amount of Payment	63	10	72	Numeric, Right Aligned, whole dollars only, or blank. Decimal point must print at end of dollar amount at print position 72.** <b>Do not use commas.</b>
59-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540-ES	-	-	-	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, "1201216"

\*\* If payment amount is not known, leave blank.

If no spouse/RDP name, leave the applicable fields on print line 53 blank. If no additional information, leave that field on print line 54 blank.

**Do not** include deceased taxpayer/spouse/RDP information on scannable Form 540-ES.



**GUIDELINES FOR SCANNABLE FORM 541-ES**

**Scannable Form 541-ES 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 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	“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	“PAYMENT FORM ...” 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
26-44	Blank lines	–	–	–	–
45	“Detach Here”/“Do Not Mail” line	6	75	80	Conventional form size/style
46	Payment Due Date	62	19	80	Conventional form size/style “File and Pay by April 15, 2021” “File and Pay by June 15, 2021” “File and Pay by Sept. 15, 2021” “File and Pay by Jan. 18, 2022”
47	“Taxable Year and underline”	6	8	13	Conventional form size/style
47	“California Form” and underline	69	11	79	Conventional form size/style
48	Taxable Year Area “2021”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (541-ES) Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2021”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form identifier (541-ES) 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 FEIN (mandatory)	6	10	15	Numeric, “_”
51	Name Control (All estates use “ESTA” and all trusts use “TRUS”) (mandatory)	18	4	21	Alpha
51	Form Year Indicator	56	2	57	“21”
51	Account Period Ending (APE)	65	3	67	“APE”
51	APE	71	6	76	Calendar year payment = “0” at print position 76. Fiscal year payment = “MMYYYY”
52	Name of Estate or Trust (mandatory)	6	33	38	Alphanumeric
53	Name and Title of Fiduciary (mandatory)	6	33	38	Alphanumeric
54	Additional Information for In-Care-Of, Representative, Attention Name or Supplemental Address Information	6	35	40	Alphanumeric, Embedded spaces, No punctuation, No symbols other than “/”. If in-care-of/representative/attention name or supplemental address information, leave print line 54 blank.

**Scannable Form 541-ES 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). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.  
 NUMERIC = 0-9  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, No punctuation, No symbols other than “/” or “-”
55	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.
55	APT, STE, SP, RM, FL, BLDG, and UN Number or Letter	49	5	53	Alphanumeric, no symbols
55	Private Mail Box (PMB)	56	3	58	“PMB” Print only if there is a Number or Letter.
55	Private Mail Box Number or Letter	60	6	65	Alphanumeric
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha, If foreign address, leave State field blank.
56	ZIP Code	29	10	38	Numeric, “-”; If foreign address, leave ZIP Code field blank.
57	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces or blank. 2-character Country Abbreviation may be used.
57	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58	Amount of Payment	42	17	58	Print as: “Amount of Payment”
58	Estate’s or Trust’s Amount of Payment	63	10	72	Numeric, Right Aligned, whole dollars only, or blank. Decimal point must print at end of dollar amount at print position 72.** <b>Do not use commas.</b>
59-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 541-ES	–	–	–	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, “1211216”

\*\* If payment amount is not known, leave blank.





Scannable Form FTB 3519 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 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

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
12-13	Blank lines	–	–	–	–
14-26	“WHERE TO FILE” and box	12	62	73	Conventional form size/style
27	Blank line	–	–	–	–
28-35	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
36	Blank line	–	–	–	–
37-42	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
43-44	Blank lines	–	–	–	–
45	“Detach Here”/“Do Not Mail” line	6	75	80	Conventional form size/style
46	“ <b>CAUTION:</b> You may be required to pay electronically. See instructions.”	6	46	51	Conventional form size/style
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 “2020”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3519 (PIT)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2020”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3519 (PIT)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	Taxpayer’s SSN or ITIN (mandatory)	9	11	19	Numeric, “–”
51	Name Control (First 4 Letters of Taxpayer’s Last Name) (mandatory)	22	4	25	Alpha, No embedded spaces, No symbols or punctuation
51	If Joint Return, Spouse’s/RDP’s SSN or ITIN (mandatory)	31	11	41	Numeric, “–”
51	Form Year Indicator	59	2	60	“20”
52	Taxpayer’s First Name (mandatory)	9	11	19	Alpha, No embedded spaces
52	Taxpayer’s Middle Initial	22	1	22	Alpha
52	Taxpayer’s Last Name (mandatory)	25	35	59	Alpha
52	Taxpayer Suffix	62	4	65	Alphanumeric

**GUIDELINES FOR SCANNABLE FORM FTB 3519**

**Scannable Form FTB 3519 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 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
53	If Joint Return, Spouse's/RDP's First Name (mandatory)	9	11	19	Alpha, No embedded spaces. If no spouse/RDP name, leave the applicable fields on print line 53 blank.
53	If Joint Return, Spouse's/RDP's Middle Initial	22	1	22	Alpha. If no spouse/RDP name, leave the applicable fields on print line 53 blank.
53	If Joint Return, Spouse's/RDP's Last Name (mandatory)	25	35	59	Alpha. If no spouse/RDP name, leave the applicable fields on print line 53 blank.
53	Spouse Suffix	62	4	65	Alphanumeric. If no spouse/RDP name, leave the applicable fields on print line 53 blank.
54	Additional Information	9	35	43	Alphanumeric, Embedded spaces, “/” No other symbols or punctuation. If no “in-care-name” and additional information leave print line 54 blank.
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, “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, 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
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, “-” 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”	42	17	58	Print as: “Amount of payment”
58	Taxpayer's Amount of payment	63	10	72	Numeric, right aligned, whole dollars only. Decimal point must print at end of dollar amount – at print position 72. <b>Do not use commas.</b>
59-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3519	–	–	–	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, “1221206”

Scannable Form FTB 3519 Record Layout
Note: Record Layout is Reduced

Form grid with fields: Form at bottom of page., DO NOT MAIL, WHERE TO FILE, WHEN TO FILE, ONLINE SERVICES, DETACH HERE, IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER, DETACH HERE, CAUTION: You may be required to pay electronically, see instructions., TAXABLE YEAR 2020, Title of Form, CALIFORNIA FORM 3519 (PIT), P S S N, P F I R S T N A M E, S / R F I R S T N A M E, A D D I T I O N A L I N F O R M A T I O N, S T R E E T A D D R E S S, C I T Y, F O R E I G N C O U N T R Y N A M E, N C T L, P L A S T N A M E, S / R S S N, 2 0, P S F X, S / R S, A P T, P M B, S T, Z I P C O D E, F O R E I G N / P / S / C, P O S T A L C O D E, Amount of payment, 613, 1221206.

**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 (MUST BE ALL CAPS), 0-9  
 All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.

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 “2020”	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 “2020”	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	“20”
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 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
53	Name and Title of Fiduciary (mandatory)	9	33	41	Alphanumeric, Embedded spaces, 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, “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, 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
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, “-”, 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, right aligned, whole dollars only. Decimal point must print at end of dollar amount at print position 72. <b>Do not use commas.</b>
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, replace ‘613’ with your assigned CTP ID.
63	Doc. ID (mandatory)	40	7	46	Numeric, “1231206”



Scannable Form FTB 3582 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 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	–	–	–	–
4	“Voucher 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	–	–	–	–
27-35	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
36	Blank line	–	–	–	–
37-42	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
43-44	Blank lines	–	–	–	–
45	“Detach Here”/“Do Not Mail” line	6	75	80	Conventional form size/style
46	“ <b>CAUTION:</b> You may be required to pay electronically, see instructions.”	6	46	51	Conventional form size/style
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 “2020”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3582 (e-file)” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2020”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “3582 (e-file)” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	Taxpayer’s SSN or ITIN (mandatory)	9	11	19	Numeric, “–”
51	Name Control (First 4 Letters of Taxpayer’s Last Name) (mandatory)	22	4	25	Alpha, No embedded spaces, No symbols or punctuation
51	If Joint Return, Spouse’s/RDP’s SSN or ITIN (mandatory)	31	11	41	Numeric, “–”
51	Form Year Indicator	59	2	60	“20”
52	Taxpayer’s First Name (mandatory)	9	11	19	Alpha, No embedded spaces
52	Taxpayer’s Middle Initial	22	1	22	Alpha
52	Taxpayer’s Last Name (mandatory)	25	35	59	Alpha
52	Taxpayer’s Suffix	62	4	65	Alpha
53	If Joint Return, Spouse’s/RDP’s First Name (mandatory)	9	11	19	Alpha, No embedded spaces
53	If Joint Return, Spouse’s/RDP’s Middle Initial	22	1	22	Alpha



**GUIDELINES FOR SCANNABLE FORM FTB 3582**

**Scannable Form FTB 3582 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 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
53	If Joint Return, Spouse's/RDP's Last Name (mandatory)	25	35	59	Alpha
53	Spouse's/RDP's Suffix	62	4	65	Alpha
54	Additional Information	9	35	43	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/". If no "in-care-name" and additional information leave print line 54 blank.
55	Street Address (mandatory)	9	35	43	Alphanumeric, No punctuation, No symbols other than "/" or "-"
55	APT, STE, SP, RM, FL, BLDG, and UN	46	5	50	Alpha "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, 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
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, "-", 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	Taxpayer's Amount of Payment	63	10	72	Numeric, right aligned, whole dollars only. Decimal point must print at end of dollar amount – at print position 72. <b>Do not use commas.</b>
59-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3582	–	–	–	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, "1251206"



**GUIDELINES FOR SCANNABLE FORM FTB 3582X**

**Scannable Form FTB 3582X Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data  
 NUMERIC = 0-9 (print lines 51–58) and CTP ID and doc. ID (print line 63).  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 All printed text and data must be Left Aligned unless  
 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	–	–	–	–
4	“Voucher 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	–	–	–	–
27-35	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
36	Blank line	–	–	–	–
37-42	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
43-44	Blank lines	–	–	–	–
45	“Detach Here”/“Do Not Mail” line	6	75	80	Conventional form size/style
46	“ <b>CAUTION:</b> You may be required to pay electronically, see instructions.”	6	46	51	Conventional form size/style
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 “2020”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3582X (e-file)” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2020”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “3582X (e-file)” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	Taxpayer’s SSN or ITIN (mandatory)	9	11	19	Numeric, “–”
51	Name Control (First 4 Letters of Taxpayer’s Last Name) (mandatory)	22	4	25	Alpha, No embedded spaces, No symbols or punctuation
51	If Joint Return, Spouse’s/RDP’s SSN or ITIN (mandatory)	31	11	41	Numeric, “–”
51	Form Year Indicator	59	2	60	“20”
52	Taxpayer’s First Name (mandatory)	9	11	19	Alpha, No embedded spaces
52	Taxpayer’s Middle Initial	22	1	22	Alpha
52	Taxpayer’s Last Name (mandatory)	25	35	59	Alpha
52	Taxpayer’s Suffix	62	4	65	Alpha
53	If Joint Return, Spouse’s/RDP’s First Name (mandatory)	9	11	19	Alpha, No embedded spaces
53	If Joint Return, Spouse’s/RDP’s Middle Initial	22	1	22	Alpha

**Scannable Form FTB 3582X 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 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
53	If Joint Return, Spouse's/RDP's Last Name (mandatory)	25	35	59	Alpha
53	Spouse's/RDP's Suffix	62	4	65	Alpha
54	Additional Information	9	35	43	Alphanumeric, Embedded spaces, "/". No punctuation or symbols. If no "in-care-name" and additional information leave print line 54 blank.
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, "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, 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
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, "-". 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	Taxpayer's Amount of Payment	63	10	72	Numeric, right aligned, whole dollars only. Decimal point must print at end of dollar amount – at print position 72. <b>Do not use commas.</b>
59-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3582X	–	–	–	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, "1301206"



**Scannable Form FTB 3843 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 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	“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	–	–	–	–
27-35	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
36-44	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 “2020”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3843 (efile)” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2020”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “3843 (efile)” 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	“20”
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

**GUIDELINES FOR SCANNABLE FORM FTB 3843**

**Scannable Form FTB 3843 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 (MUST BE ALL CAPS), 0-9 All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.

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, Attention Name or Supplemental Address Information	9	35	43	Alphanumeric, Embedded spaces, No punctuation, No symbols other than “/”. If no in-care-of/representative/attention name or supplemental address information, leave blank.
54	Executor/Guardian	46	17	62	Alphanumeric, no punctuation or symbols. If no executor/guardian name, leave blank.
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, “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, 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
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, “-”, If foreign address, leave ZIP code 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, right aligned, whole dollars only. Decimal point must print at end of dollar amount at print position 72. <b>Do not use commas.</b>
59-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3843	–	–	–	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, “1281206”





## Guidelines for Business Entity (BE) Scannable Payment Forms/Vouchers

### Business Entity Entry Instructions

- All taxpayer data must print in Courier 12-point font, not bold.
- Alpha characters **must** be in upper case.
- Entity ID Number field must be one of the following:
  - **Forms 100-ES, FTB 3539, and FTB 3586**
    - Corporation number - Numeric, 7 digits, no preceding alpha character or dashes, spaces, or punctuation; includes leading zeros (e.g., "1234567" or "0000000").
    - SOS File Number - If an LLC elects to be taxed as a corporation, enter SOS number. Numeric, 12 digits. If less than 12 digits, proceed with zeros. If not available, zero fill (e.g., "000000000000").
  - **Forms FTB 3538 and 3587**
    - FEIN - Numeric, 10 digits, includes hyphen (-) (e.g., "12-3456789" or "00-0000000").
  - **Forms FTB 3522, 3536, 3537 and 3588**
    - SOS File Number - Numeric, 12 digits. If less than 12 digits, proceed with zeros. If not available, zero fill (e.g., "000000000000").
  - When the entity has applied for or does not have an Entity ID Number, enter the appropriate number of zeros in the Entity ID Number field. When entering zeros for the FEIN, include the hyphen (i.e., "00-0000000").
- Entity Name Control field must contain the first 4 characters of the corporation, exempt organization, partnership, or LLC name **with these exceptions**:
  - Spell out ampersand (&) as "AND" if (&) is contained in the first 4 characters of the Entity's name (See Business Entity Information Example 1).
  - **Do not** space or use symbols or any punctuation, including hyphens (-) and slashes (/) (See Business Entity Information Example 2).
  - **Do not** use "The" when it is the first word in the Entity's name (See Business Entity Information Example 4).
- Enter Form Type Indicator as:
  - Forms 100, 100S, and 100W = 1
  - Form 109 = 2
  - Form 199 = 3
  - If more than one form, or no form indicated = 0

**Note:** Refer to the specifications for each business entity form to confirm the applicable Form Type Indicator to program for that form.
- Entity Tax Year Beginning and Ending
  - To help eliminate those instances when a user enters a taxable year ending (TYE) date that is earlier than the taxable year beginning (TYB) date, add an error check that allows user to re-enter the correct TYE.

- Enter Business Entity Name – Use business name, as is:
  - The corporation, partnership, or LLC name may contain embedded spaces, hyphens (-), slashes (/), and ampersands (&) (See Business Entity Information Examples 1, 2, and 3).
  - **Do not** use any other symbols or punctuation in the Business Entity Name field.
- Address Data:
  - Other than the hyphen (-) and slash (/), use no punctuation or symbols in the Street Address field.
  - **Do not** use commas or periods to separate address information.
  - Use standard abbreviations for the suffix of the street name. See "**Standard Abbreviations.**"
  - **Do not** enter suite and suite number/letter in the Street Address field. Enter in the designated "Suite" and "Suite Number" fields. These fields are on the same line as the "Street Address" field. **Note:** Use these abbreviations in the "Suite" field: STE, RM, FL, BLDG, and UN.
  - Enter Private Mailbox (PMB) and PMB number/letter in the "PMB" and "PMB number/letter" fields. These fields are on the same line as the "Street Address" field. **Do not** hardcode "PMB" "PMB" must print **only** when a user enters a "PMB number/letter." If no "PMB," leave both fields blank.
  - Use the Additional Information field for "Doing Business As" (DBA), "Owner/Representative/Attention" name, and other supplemental address information **only**. Other than the slash (/), use no punctuation or symbols in this field.
  - Military "APO" or "FPO" addresses:
    - Enter "APO" or "FPO" in the first three positions of the City field.
    - **Do not** enter the name of the city for "APO" and "FPO" addresses. Enter the two-character alpha state code in the State field:

City field	State Code	ZIP Code Range
APO	AA	34000-34099
APO	AE	09000-09999
FPO	AP	96200-96699
  - In the State field, use the standard two-character alpha abbreviation for the state or United States possession. See "**State or U.S. Possessions.**"
  - The ZIP Code can be 10 digits (includes hyphen "-").
  - If using a foreign address enter the city, foreign country name, foreign province/state/county name, and foreign postal code in the appropriate boxes. Follow the country's practice for entering the province/state/county name and foreign postal code. You may also use the 2-digit Country Abbreviation

**GUIDELINES FOR BUSINESS ENTITY (BE) SCANNABLE PAYMENT FORMS**

(See *Business Entity Information Example 5*).  
**Note:** Do not combine a United States address together with a foreign address.

characters.

- Apply these guidelines, then truncate if the information exceeds the field length.

**Note:** To help eliminate those instances when the City, State, and ZIP Code are entered into the City field, add an error check at the end of the City field for numeric

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**Business Entity Information Examples:**

**Example 1 Corporation:**

0000823            LPAN    44-1234567            200412345678            20            FORM    1  
TYB    01-01-2020            TYE    12-31-2020  
LP & T CONSULTING SERVICES INCORPORATED  
B GANGLER  
9646 BUTTERFIELD WY  
RANCHO CORDOVA            CA    95670-3720  
  
(123) 456-7890

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**Example 2 Partnership:**

99-7654321            LZ            199971234567            (123) 456-7890            20            FORM    0  
TYB    01-01-2020            TYE    12-31-2020  
L - Z  
  
5800 SANTA ANITA AV            STE    2  
EL MONTE            CA    92102-1230

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**Example 3 LLC:**

200387654321            2020    95-8654321            (123) 456-7890            20            FORM    0  
TYB    00-00-0000            TYE    00-00-0000  
GRIMES LLC  
  
4900 W CAMBRIDGE  
ATLANTA            GA    30303

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**Example 4 Exempt Organization:**

7777888            LTPL    99-7777777            200412345678            20            FORM    0  
TYB    01-01-2020            TYE    12-31-2020  
THE LTP LLC  
C VEGA  
4545 BUTTERFLY LN            PMB    16  
SACRAMENTO            CA    95823  
  
(123) 456-7890

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**Example 5 Foreign Address Corporation:**

7779311            ALLE    98-7654321            199912345678            20            FORM    0  
TYB    01-01-2020            TYE    12-31-2020  
ALL ENGLAND ENTERTAINMENT  
  
1963 ABBEY LANE  
LONDON  
UK            NOTTING HILL            W11 2BQ  
(123) 987-6541

## GUIDELINES FOR BUSINESS ENTITY (BE) SCANNABLE PAYMENT FORMS

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### Submitting BE Scannable Payment Forms 100-ES, FTB 3522, 3536, 3537, 3538, 3539, 3586, 3587, and 3588 Approval Checklist

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All taxpayer data (print lines 51-59) and CTP ID and Document ID (print line 63) are in Courier 12-point font, not bold.

#### Entity Data Placement

To get entity data placement approval, submit vouchers that:

- Have all fields in the correct location.
- Follow “**Business Entity Entry Instructions**” for BE scannable vouchers.
- Entity ID Number:
  - Give an example of corporation number (Forms 100-ES, FTB 3539, and FTB 3586). A corporation number is seven digits (e.g., “1234567” or “0000000”).
  - Give an example of FEIN (Forms FTB 3538 and FTB 3588). A FEIN is 10 digits including the hyphen (e.g., “12-3456789” or “00-0000000”).
  - Give an example of SOS file number, **MUST** be 12 digits. If less than 12 digits proceed with zeros. **IF** not available, zero fill. (e.g., “000000000000”). Forms 100-ES, FTB 3522, FTB 3536, FTB 3537, FTB 3539, FTB 3586, and FTB 3587. (e.g., “210412345678”).
- Print an example with the Additional Information field.
- Print an example with Foreign Address using the two-digit county abbreviation. (Leave State and ZIP Code blank).
- Give an example of Form Type Indicator (i.e., “0,” “1,” “2,” or “3”). (Refer to the specifications for each form to verify the applicable Form Type Indicator to program.)
- Give an example of a fiscal year filer [Taxable Year Beginning (TYB) and Taxable Year Ending (TYE)]<sup>1</sup> (e.g., “TYB 02-01-2020” “TYE 01-31-2021”).
- Give an example of calendar year filer [Taxable Year Beginning (TYB) and Taxable Year Ending (TYE)] (e.g., “TYB 01-01-2020” “TYE 12-31-2020”).
- Print an example with Private Mailbox (PMB) and letter/number. Left align the number/letter if less than 6 characters. **Do not hardcode “PMB.”**
- Print an example without Private Mailbox (PMB) and letter/number.

#### Line Geometry

- Bold line at print line 49, prints at position 6 through position 80.
- Bottom registration mark .25-line weight rule at print line 62, prints at position 6 through position 28 and at position 58 through position 80.<sup>2</sup>
- Bottom registration mark 2-point rule at print line 62, prints at position 31 through position 35 and at position 51 through position 55.
- Bottom registration mark 2-point vertical rule at print line 62, end at print line 63 at print position 35 (between 35/36) and position 50 (between 50/51).

#### Anchor Marks

Print three anchor marks on each page.

- Solid, black square that is 3/16 of an inch square.
- Allow 1/4 of an inch of white space around the anchor marks (Exception: Registration marks on print line 62 can touch the bottom anchor marks).
- Top anchor mark on print line 4, at print positions 59-60.
- Bottom left anchor mark on print line 63, at print positions 6-7.
- Bottom right anchor mark on print line 63, at print positions 79-80.

#### CTP ID

- CTP ID prints in print positions 32, 33, and 34 on print line 63.

#### Document ID String

- Document ID (Courier 12-point font) is 7-digits and prints in print positions 40 through 46 on print line 63 (must have four blank spaces before and after the Document ID).
- Document ID is correct (i.e., contains correct assigned form number, side/page number, tax year, and source code).

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<sup>1</sup> If your software does not support fiscal year filers, indicate this in your software company's review package cover letter.

<sup>2</sup> If your software company cannot support the .25-line weight rule, use a 1-point rule. Indicate the use of the 1-point rule in your software company's review package cover letter.

Scannable Form 100-ES Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63).  
 NUMERIC = 0-9 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

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	Conventional form size/style
5	Blank line	–	–	–	–
6-13	“Installment Information” and box	12	62	73	Conventional form size/style
14	Blank line	–	–	–	–
15-27	“WHERE TO FILE” and box	12	62	73	Conventional form size/style
28	Blank line	–	–	–	–
29-37	“ONLINE SERVICES” 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	“CAUTION: The corporation may be required to pay electronically, see instructions.”	6	54	59	Conventional form size/style
46	Installment X (“X” represents the installment number: 1, 2, 3, and 4.)	69	11	79	Conventional form size/style
47	“Taxable Year” and underline	6	8	13	Conventional form size/style
47	“California Form” and underline	69	11	79	Conventional form size/style
48	Taxable Year Area “2021”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (100-ES) Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2021”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (100-ES) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	Corporation Number (mandatory)	6	7	12	Numeric, seven digits, No preceding alpha character or dashes, spaces, or punctuation. (e.g., “1234567” or “0000000”)
51	Entity Name Control (First Four characters of Corporation’s Name (mandatory))	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, “-”, zero fill (e.g., “12-3456789”, or “00-0000000”)
51	California Secretary of State (SOS), (if applicable)	40	12	51	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”)
51	Form Year Indicator (mandatory)	59	2	60	“21”
51	FORM (mandatory)	68	4	71	“FORM”

# GUIDELINES FOR SCANNABLE FORM 100-ES

## Scannable Form 100-ES Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63).  
 NUMERIC = 0-9  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9  
 All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
					The type of return the entity will file: 100, 100W, or 100S = "1" 109 = "2" If more than one form/no form = "0"
51	Form Type Indicator (mandatory)	74	1	74	
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB"
52	Taxable Year Beginning (mandatory)	11	10	20	Numeric, "--"; Enter "MM-DD-YYYY" for fiscal or calendar year beginning. Enter "00-00-0000" <b>only</b> if TYB is unknown.
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	10	38	Numeric, "--"; Enter "MM-DD-YYYY" for fiscal or calendar year ending. Enter "00-00-0000" <b>only</b> if TYE is unknown.
53	Name of Corporation (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "--", "/", "&"; No other symbols or punctuation
54	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) or supplemental address information	6	35	40	Alphanumeric, Embedded spaces, "/"; No other symbols or punctuation. If no owner/representative/attention name/DBA or supplemental address information, leave print line 54 blank.
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, "--", "/"; No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	43	5	47	Alpha, "STE, RM, FL, BLDG, or UN"; Print only if there is a Number or Letter.
55	STE, RM, FL, BLDG, and UN Number or Letter	50	5	54	Alphanumeric, no symbols
55	Private Mail Box (PMB)	57	3	59	"PMB"; Print only if there is a Number or Letter.
55	Private Mail Box Number or Letter	61	6	66	Alphanumeric
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha. If foreign address, leave State field blank.
56	ZIP Code	29	10	38	Numeric, "--". If foreign address, leave ZIP Code field blank.
56	Telephone Number	52	14	65	Numeric "()", "--", embedded space, no other symbol or punctuation, or blank.
57	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank. 2-character Country Abbreviation may be used.
57	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58	"Est Tax Amt" (mandatory)	6	11	16	Print as: "Est Tax Amt"
58	Est Tax Amt	21	10	30	Numeric, Right Aligned, whole dollars only, or blank. Decimal point must print at end of dollar amount – print position 30.
58	"QSub Tax Amt" (mandatory)	33	12	44	Print as: "QSub Tax Amt"
58	QSub Tax Amt	49	10	58	Numeric, Right Aligned, whole dollars only, or blank. Decimal point must print at end of dollar amount – print position 58.





Scannable Form FTB 3522 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and 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	“Voucher 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	–	–	–	–
27-34	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
35	Blank line	–	–	–	–
36-42	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
43-44	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	“California Form” and underline	69	11	79	Conventional form size/style
48	Taxable Year Area “2021”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3522” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2021”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “3522” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	CA SOS File Number (mandatory)	6	12	17	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”)
51	Entity Name Control (First Four Characters of Limited Liability Company’s Name) (mandatory)	20	4	23	Alphanumeric, no embedded spaces, no symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, “-”, (e.g., “12-3456789” or “00-0000000”)
51	Telephone Number	40	14	53	Numeric, “( )”, “-”, no other symbols or punctuation, embedded space, or blank (e.g., (123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	“21”
51	FORM (mandatory)	68	4	71	“FORM”
51	Form Type Indicator (mandatory)	74	1	74	Numeric, “0”



**GUIDELINES FOR SCANNABLE FORM FTB 3522**

**Scannable Form FTB 3522 Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63).  
 NUMERIC = 0-9 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	“TYB”  Numeric, “-”; Enter “MM-DD-YYYY” for fiscal or calendar year beginning, Enter “00-00-0000” <b>only</b> if TYB is unknown
52	Taxable Year Beginning (mandatory)	11	10	20	
52	Taxable Year Ending (mandatory)	24	3	26	“TYE”  Numeric, “-”; Enter “MM-DD-YYYY” for fiscal or calendar year ending, Enter “00-00-0000” <b>only</b> if TYE is unknown
52	Taxable Year Ending (mandatory)	29	10	38	
53	Name of Limited Liability Company (mandatory)	6	70	75	Alphanumeric, Embedded spaces, “-”, “/”, “&”, No other symbols or punctuation
54	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) or supplemental address information	6	35	40	Alphanumeric, Embedded spaces, “/”, No other symbols or punctuation. If no owner/representative/attention name/DBA or supplemental address information, leave print line 54 blank.
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, “-”, “/”, No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	43	5	47	Alpha, “ STE, RM, FL, BLDG, or UN” Print only if there is a Number or Letter.
55	STE, RM, FL, BLDG, and UN Number or Letter	50	5	54	Alphanumeric, no symbols
55	Private Mail Box (PMB)	57	3	59	“PMB”. Print only if there is a Number or Letter.
55	Private Mail Box Number or Letter	61	6	66	Alphanumeric
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha. If foreign address, leave State field blank.
56	ZIP Code	29	10	38	Numeric, “-”. If foreign address, leave ZIP Code field blank.
57	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank. 2-character Country Abbreviation may be used.
57	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58	Blank line	-	-	-	-
59	“Amount of Payment” (mandatory)	46	17	62	Print as: “Amount of Payment”  Numeric, Right Aligned, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
59	Amount of Payment	73	4	76	
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3522	-	-	-	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, “6111216”



**GUIDELINES FOR SCANNABLE FORM FTB 3536**

**Scannable Form FTB 3536 Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and 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	“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	–	–	–	–
27-34	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
35	Blank line	–	–	–	–
36-43	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
44	Blank line	–	–	–	–
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	“California Form” and underline	69	11	79	Conventional form size/style
48	Taxable Year Area “2021”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3536 (LLC)” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2021”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “3536 (LLC)” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	SOS File Number CA SOS File Number (mandatory)	6	12	17	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”)
51	Entity Name Control (First Four characters of Limited Liability Company’s Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, “-”, or zero fill (e.g., “12-3456789” or “00-0000000”)
51	Telephone Number	40	14	53	Numeric, “( )”, “-”, no other symbols or punctuation, embedded space, or blank (e.g., (123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	“21”
51	FORM (mandatory)	68	4	71	“FORM”
51	Form Type Indicator (mandatory)	74	1	74	Numeric, “0”

Scannable Form FTB 3536 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63).  
 NUMERIC = 0-9 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	“TYB”
52	Taxable Year Beginning (mandatory)	11	10	20	Numeric, “-”; Enter “MM-DD-YYYY” for fiscal or calendar year beginning, Enter “00-00-0000” <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	“TYE”
52	Taxable Year Ending (mandatory)	29	10	38	Numeric, “-”; Enter “MM-DD-YYYY” for fiscal or calendar year ending, Enter “00-00-0000” <b>only</b> if TYE is unknown
53	Name of Limited Liability Company (mandatory)	6	70	75	Alphanumeric, Embedded spaces, “-”, “/”, “&”, No other symbols or punctuation
54	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) or supplemental address information	6	35	40	Alphanumeric, Embedded spaces, “/”, No other symbols or punctuation. If no owner/representative/attention name/DBA or supplemental address information, leave print line 54 blank.
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, “-”, “/”, No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	43	5	47	Alpha, “STE, RM, FL, BLDG, or UN” Print only if there is a Number or Letter.
55	STE, RM, FL, BLDG, and UN Number or Letter	50	5	54	Alphanumeric, no symbols
55	Private Mail Box (PMB)	57	3	59	“PMB” Print only if there is a Number or Letter
55	Private Mail Box Number or Letter	61	6	66	Alphanumeric
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha. If foreign address, leave State field blank.
56	ZIP Code	29	10	38	Numeric, “-”. If foreign address, leave ZIP Code field blank.
57	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank . 2-character Country Abbreviation may be used.
57	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58	Blank line	–	–	–	–
59	“Amount of Payment” (mandatory)	46	17	62	Print as: “Amount of Payment”
59	Amount of Payment	67	10	76	Numeric, Right Aligned, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3536	–	–	–	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, “6221216”



**Scannable Form FTB 3537 Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and 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	“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 USE...” and box	12	62	73	Conventional form size/style
12	Blank line	–	–	–	–
13-22	“WHERE TO FILE” and box	12	62	73	Conventional form size/style
23	Blank line	–	–	–	–
24-37	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
38	Blank line	–	–	–	–
39-43	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
44	Blank line	–	–	–	–
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 “2020”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3537 LLC” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2020”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “3537 LLC” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	CA SOS File Number (mandatory)	6	12	17	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”)
51	Entity Name Control (First Four Characters of Limited Liability Company’s Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric “-” zero fill (e.g., “12-3456789” or “00-0000000”)
51	Telephone Number	40	14	53	Numeric, “( )”, “-”, embedded space, no other symbols or punctuation, or blank (e.g., (123) 456-7890).
51	Form Year Indicator (mandatory)	59	2	60	“20”
51	FORM (mandatory)	68	4	71	“FORM”
51	Form Type Indicator (mandatory)	74	1	74	Numeric, “0”

**GUIDELINES FOR SCANNABLE FORM FTB 3537**

**Scannable Form FTB 3537 Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63).  
 NUMERIC = 0-9  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9  
 All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	“TYB”
52	Taxable Year Beginning (mandatory)	11	10	20	Numeric, “-”, Enter “MM-DD-YYYY” for fiscal or calendar year beginning, Enter “00-00-0000” <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	“TYE”
52	Taxable Year Ending (mandatory)	29	10	38	Numeric, “-”, Enter “MM-DD-YYYY” for fiscal or calendar year ending, Enter “00-00-0000” <b>only</b> if TYE is unknown
53	Name of Limited Liability Company (mandatory)	6	70	75	Alphanumeric, Embedded spaces, “-”, “/”, “&”, No other symbols or punctuation
54	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) supplemental address information	6	35	40	Alphanumeric, Embedded spaces, “/”, No other symbols or punctuation. If no owner/representative/attention name/DBA or supplemental address information, leave print line 54 blank.
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, “-”, “/”, No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	43	5	47	Alpha, “STE, RM, FL, BLDG, or UN”. Print only if there is a Number or Letter.
55	STE, RM, FL, BLDG, and UN Number or Letter	50	5	54	Alphanumeric, no symbols
55	Private Mail Box (PMB)	57	3	59	“PMB”. Print only if there is a Number or Letter.
55	Private Mail Box Number or Letter	61	6	66	Alphanumeric
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha. If foreign address, leave State field blank.
56	ZIP Code	29	10	38	Numeric, “-”. If foreign address, leave Zip Code field blank.
57	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank. 2-character Country Abbreviation may be used.
57	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58	Blank line	–	–	–	–
59	“Amount of Payment” (mandatory)	46	17	62	Print as: “Amount of Payment”
59	Amount of Payment	67	10	76	Numeric, Right Aligned, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3537	–	–	–	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, “6121206”





**GUIDELINES FOR SCANNABLE FORM FTB 3538**

**Scannable Form FTB 3538 Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and 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	“Form at bottom of page.”	30	29	58	Conventional form size/style
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-7	Blank lines	–	–	–	–
8-20	“WHERE TO FILE” and box	12	62	73	Conventional form size/style
21	Blank line	–	–	–	–
22-31	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
32	Blank line	–	–	–	–
33-42	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
43-44	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 “2020”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3538 (565)” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2020”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “3538 (565)” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	Limited Partnership, Limited Liability Partnership, or REMIC Federal Employer Identification Number (FEIN) (mandatory)	6	10	15	Numeric, “–”, or zero fill (e.g., “12-3456789” or “00-0000000”)
51	Entity Name Control (First Four Characters of Limited Partnership, Limited Liability Partnership, or REMIC Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	CA Secretary of State (SOS) File Number (if available)	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”)
51	Telephone Number	40	14	53	Numeric, “( )”, “–”, embedded space, no other symbols or punctuation, or blank (e.g., (123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	“20”
51	FORM (mandatory)	68	4	71	“FORM”
51	Form Type Indicator (mandatory)	74	1	74	Numeric, “0”

Scannable Form FTB 3538 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and 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
52	Taxable Year Beginning (mandatory)	6	3	8	“TYB”
52	Taxable Year Beginning (mandatory)	11	10	20	Numeric, “-”, Enter “MM-DD-YYYY” for fiscal or calendar year beginning, Enter “00-00-0000” <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	“TYE”
52	Taxable Year Ending (mandatory)	29	10	38	Numeric, “-”, Enter “MM-DD-YYYY” for fiscal or calendar year ending, Enter “00-00-0000” <b>only</b> if TYE is unknown
53	Name of Limited Partnership, Limited Liability Partnership, or REMIC (mandatory)	6	70	75	Alphanumeric, Embedded spaces, “-”, “&”, No other symbols or punctuation
54	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) or supplemental address information	6	35	40	Alphanumeric, Embedded spaces, “/”, No other symbols or punctuation. If no owner/representative/attention name/DBA or supplemental address information, leave print line 54 blank.
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, “-”, “/”, No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	43	5	47	Alpha, “STE, RM, FL, BLDG, or UN”. Print only if there is a Number or Letter.
55	STE, RM, FL, BLDG, AND UN Number or Letter	50	5	54	Alphanumeric, no symbols
55	Private Mail Box (PMB)	57	3	59	“PMB”. Print only if there is a Number or Letter.
55	Private Mail Box Number or Letter	61	6	66	Alphanumeric
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha. If foreign address, leave State field blank.
56	ZIP Code	29	10	38	Numeric, “-”. If foreign address, leave ZIP Code field blank.
57	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank. 2-character Country Abbreviation may be used.
57	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58	Blank line	–	–	–	–
59	“Amount of Payment” (mandatory)	46	17	62	Print as: “Amount of Payment”
59	Amount of Payment	67	10	76	Numeric, Right Aligned, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3538	–	–	–	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, “6211206”



Scannable Form FTB 3539 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.  
 NUMERIC = 0-9  
 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	“Form at bottom of page.”	30	29	58	Conventional form size/style
4	Anchor Mark	59	2	60	Conventional form size/style
5	Blank line	–	–	–	–
6-9	“DO NOT FILE ...” and box	12	62	73	Conventional form size/style
10	Blank line	–	–	–	–
11-22	“WHERE TO FILE” and box	12	62	73	Conventional form size/style
23	Blank line	–	–	–	–
24-35	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
36	Blank line	–	–	–	–
37-43	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
44	Blank line	–	–	–	–
45	“Detach Here”/“Do Not Mail” line	6	75	80	Conventional form size/style
46	<b>CAUTION:</b> You may be required to pay electronically, see instructions.	6	46	51	Conventional form size/style
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 “2020”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3539” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2020”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “3539” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	Corporation Number (mandatory)	6	7	12	Numeric, seven digits, or zero fill (e.g., “1234567” or “0000000”)
51	Entity Name Control (First Four characters of Corporation or Exempt Organization Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, “-”, zero fill (e.g. “12-3456789” or “00-0000000”).
51	California Secretary of State (SOS) (if available)	40	12	51	Numeric, CA SOS number must be 12 digits. If less than 12 digits, proceed with zeros. If not available, zero fill (e.g., “000000000000”)
51	Form Year Indicator (mandatory)	59	2	60	“20”
51	FORM (mandatory)	68	4	71	“FORM”
51	Form Type Indicator (mandatory)	74	1	74	The type of return the entity will file: 100, 100S, 100W = “1”, 109 = “2”, More than one form/No form = “0”

**GUIDELINES FOR SCANNABLE FORM FTB 3539**

**Scannable Form FTB 3539 Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.  
 NUMERIC = 0-9  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	“TYB” Numeric, “-”; Enter “MM-DD-YYYY” for fiscal or calendar year beginning, Enter “00-00-0000” <b>only</b> if TYB is unknown
52	Taxable Year Beginning (mandatory)	11	10	20	
52	Taxable Year Ending (mandatory)	24	3	26	“TYE” Numeric, “-”; Enter “MM-DD-YYYY” for fiscal or calendar year ending, Enter “00-00-0000” <b>only</b> if TYE is unknown
52	Taxable Year Ending (mandatory)	29	10	38	
53	Name of Corporation or Exempt Organization (mandatory)	6	70	75	Alphanumeric, Embedded spaces, “-”, “/”, “&”, No other symbols or punctuation
54	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) or supplemental address information	6	35	40	Alphanumeric, Embedded spaces, “/”, No other symbols or punctuation. If no owner/representative/attention name/DBA or supplemental address information, leave print line 54 blank.
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, “-”, “/”, No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	43	5	47	Alpha, “STE, RM, FL, BLDG, or UN” Print only if there is a Number or Letter.
55	STE, RM, FL, BLDG, and UN Number or Letter	50	5	54	Alphanumeric, no symbols
55	Private Mail Box (PMB)	57	3	59	“PMB” Print only if there is a Number or Letter.
55	Private Mail Box Number or Letter	61	6	66	Alphanumeric
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha. If foreign address, leave State field blank.
56	ZIP Code	29	10	38	Numeric, “-”. If foreign address, leave ZIP Code field blank.
57	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank 2-character Country Abbreviation may be used.
57	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58	Point of Contact Phone Number	6	14	19	Numeric, “()”, “-”, embedded space, no other symbol or punctuation, or blank (e.g., (123) 456-7890)
59	“Amount of Payment” (mandatory)	46	17	62	Print as: “Amount of Payment”
59	Amount of Payment	67	10	76	Numeric, Right Aligned, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3539	–	–	–	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, “6141206”



**GUIDELINES FOR SCANNABLE FORM FTB 3586**

**Scannable Form FTB 3586 Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63).  
 NUMERIC = 0-9 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	–	–	–	–
4	“Voucher at bottom of page.”	30	29	58	Conventional form size/style
4	Anchor Mark	59	2	60	Conventional form size/style
5	Blank line	–	–	–	–
6-11	“DO NOT MAIL ...” and box	12	62	73	Conventional form size/style
12	Blank line	–	–	–	–
13-24	“WHERE TO FILE” and box	12	62	73	Conventional form size/style
25	Blank line	–	–	–	–
26-36	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
37	Blank line	–	–	–	–
38-42	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
43-44	Blank lines	–	–	–	–
45	“Detach Here “/” Do Not Mail” line	6	75	80	Conventional form size/style
46	“ <b>CAUTION:</b> You may be required to pay electronically, see instructions.”	6	46	51	Conventional form size/style
47	“Taxable Year” and underline	6	8	13	Conventional form size/style
47	Title of Form	15	51	65	Conventional form size/style
47	“California Form” and underline	69	11	79	Conventional form size/style
48	Taxable Year Area “2020”	7	6	12	Conventional form size/style
48	Title of Form	15	51	65	Conventional form size/style
48	Form Identifier “3586 (e-file)” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2020”	7	6	12	Conventional form size/style
49	Title of Form	15	51	65	Conventional form size/style
49	Form Identifier “3586 (e-file)” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	Corporation Number (mandatory)	6	7	12	Numeric, seven digits or zero fill (e.g., “1234567” or “0000000”)
51	Entity Name Control (First Four characters of Corporation or Exempt Organization Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, “–”, zero fill (e.g., “12-3456789” or “00-0000000”)
51	California Secretary of State (SOS) (if available)	40	12	51	Numeric, CA SOS number must be 12 digits. If less than 12 digits, proceed with zeros. If not available, zero fill (e.g., “000000000000”)
51	Form Year Indicator (mandatory)	59	2	60	“20”
51	FORM (mandatory)	68	4	71	“FORM”
51	Form Type Indicator (mandatory)	74	1	74	Numeric, the type of return the payment is for: 100, 100S, 100W = “1” 199 = “3” More than one form/No form = “0”

**Scannable Form FTB 3586 Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63).  
 NUMERIC = 0-9 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	“TYB”
52	Taxable Year Beginning (mandatory)	11	10	20	Numeric, “-”, Enter “MM-DD-YYYY” for fiscal or calendar year beginning, Enter “00-00-0000” <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	“TYE”
52	Taxable Year Ending (mandatory)	29	10	38	Numeric, “-”, Enter “MM-DD-YYYY” for fiscal or calendar year ending, Enter “00-00-0000” <b>only</b> if TYE is unknown
53	Name of Corporation or Exempt Organization (mandatory)	6	70	75	Alphanumeric, Embedded spaces, “-”, “/”, “&”, No other symbols or punctuation
54	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) or supplemental address information	6	35	40	Alphanumeric, Embedded spaces, “/”, No other symbols or punctuation. If no owner/representative/attention name/DBA or supplemental address information, leave print line 54 blank.
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, “-”, “/”, No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	43	5	47	Alpha, “STE, RM, FL, BLDG, or UN”. Print only if there is a Number or Letter.
55	STE, RM, FL, BLDG, and UN Number or Letter	50	5	54	Alphanumeric, no symbols
55	Private Mail Box (PMB)	57	3	59	“PMB”, Print only if there is a Number or Letter
55	Private Mail Box Number or Letter	61	6	66	Alphanumeric
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha. If foreign address, leave State field blank.
56	ZIP Code	29	10	38	Numeric, “-”. If foreign address, leave ZIP Code field blank.
57	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank, 2-character Country Abbreviation may be used.
57	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58	Telephone Number	6	14	19	Numeric, “()”, “-”, embedded space, no other symbol or punctuation, or blank (e.g., (123) 456-7890)
59	“Amount of Payment”(mandatory)	46	17	62	Print as: “Amount of Payment”
59	Amount of Payment	67	10	76	Numeric, right aligned, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark and conventional form FTB 3586	–	–	–	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, “6181206”



Scannable Form FTB 3586 Record Layout
Note: Record Layout is Reduced

Grid-based form layout with columns 0-9 and rows 1-66. Includes sections for 'Voucher at bottom of page.', 'DO NOT MAIL A PAPER COPY OF THE CORP OR EXEMPT ORGS TAX RETURN WITH PAYMENT VOUCHER.', 'WHERE TO FILE', 'WHEN TO FILE', 'PAY ONLINE', and a data entry section at the bottom with fields for TAXABLE YEAR (2020), Title of Form, CALIFORNIA FORM (3586), and Amount of Payment (00000000).

**Scannable Form FTB 3587 Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and 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	“Voucher 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	–	–	–	–
6-9	“DO NOT MAIL ...” and box	12	62	73	Conventional form size/style
10	Blank line	–	–	–	–
11-22	“WHERE TO FILE” and box	12	62	73	Conventional form size/style
23	Blank line	–	–	–	–
24-31	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
32	Blank line	–	–	–	–
33-40	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
41-44	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 “2020”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3587 (e-file)” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2020”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “3587 (e-file)” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	Limited Partnership, Limited Liability Partnership, or REMIC Federal Employer Identification Number (FEIN) (mandatory)	6	10	15	Numeric, “-”, or zero fill (e.g., “12-3456789” or “00- 0000000”)
51	Entity Name Control (First Four characters of Limited Partnership, Limited Liability Partnership or REMIC Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	CA Secretary of State (SOS) File Number (if available)	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”)
51	Telephone Number	40	14	53	Numeric, “( )”, “-”, embedded space, no other symbols or punctuation, or blank (e.g.,(123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	“20”
51	FORM (mandatory)	68	4	71	“FORM”
51	Form Type Indicator (mandatory)	74	1	74	Numeric, “0”

**GUIDELINES FOR SCANNABLE FORM FTB 3587**

**Scannable Form FTB 3587 Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63).  
 NUMERIC = 0-9 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	“TYB”
52	Taxable Year Beginning (mandatory)	11	10	20	Numeric, “-”; Enter “MM-DD-YYYY” for fiscal or calendar year beginning, Enter “00-00-0000” <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	“TYE”
52	Taxable Year Ending (mandatory)	29	10	38	Numeric, “-”; Enter “MM-DD-YYYY” for fiscal or calendar year ending, Enter “00-00-0000” <b>only</b> if TYE is unknown
53	Name of Limited Partnership, Limited Liability Partnership or REMIC (mandatory)	6	70	75	Alphanumeric, Embedded spaces, “-”, “/”, “&”, No other symbols or punctuation
54	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) or supplemental address information	6	35	40	Alphanumeric, Embedded spaces, “/”; No other symbols or punctuation. If no owner/representative/attention name/DBA or supplemental address information, leave print line 54 blank.
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, “-”, “/”; No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	43	5	47	Alpha, “STE, RM, FL, BLDG or UN”; Print only if there is a Number or Letter.
55	STE, RM, FL, BLDG, and UN Number or Letter	50	5	54	Alphanumeric, no symbols
55	Private Mail Box (PMB)	57	3	59	“PMB”; Print only if there is a Number or Letter.
55	Private Mail Box Number or Letter	61	6	66	Alphanumeric
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha. If foreign address, leave State field blank.
56	ZIP Code	29	10	38	Numeric, “-”. If foreign address, leave ZIP Code field blank.
57	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank, 2-character Country Abbreviation may be used.
57	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58	Blank line	–	–	–	–
59	“Amount of Payment” (mandatory)	46	17	62	Print as: “Amount of Payment”
59	Amount of Payment	67	10	76	Numeric, Right Aligned, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3587	–	–	–	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, “6191206”



**GUIDELINES FOR SCANNABLE FORM FTB 3588**

**Scannable Form FTB 3588 Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and 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	“Voucher 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	–	–	–	–
6-9	“DO NOT MAIL ...” and box	12	62	73	Conventional form size/style
10	Blank line	–	–	–	–
11-21	“WHERE TO FILE” and box	12	62	73	Conventional form size/style
22	Blank line	–	–	–	–
23-38	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
39	Blank line	–	–	–	–
40-43	“ONLINE SERVICES” and box	12	62	73	Conventional form size/style
44	Blank line	–	–	–	–
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 “2020”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3588 (e-file)” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2020”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “3588 (e-file)” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	CA SOS File Number (mandatory)	6	12	17	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”)
51	Entity Name Control (First Four characters of Limited Liability Company’s Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric “-” zero fill (e.g., “12-3456789” or “00-0000000”).
51	Telephone Number	40	14	53	Numeric, “( )”, “-”, embedded space, no other symbols or punctuation, or blank (e.g.,(123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	“20”
51	FORM (mandatory)	68	4	71	“FORM”
51	Form Type Indicator (mandatory)	74	1	74	Numeric, “0”

Scannable Form FTB 3588 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63).  
 NUMERIC = 0-9 All printed text and data must be Left Aligned unless  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	“TYB”
52	Taxable Year Beginning (mandatory)	11	10	20	Numeric, “-”; Enter “MM-DD-YYYY” for fiscal or calendar year beginning, Enter “00-00-0000” <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	“TYE”
52	Taxable Year Ending (mandatory)	29	10	38	Numeric, “-”; Enter “MM-DD-YYYY” for fiscal or calendar year ending, Enter “00-00-0000” <b>only</b> if TYE is unknown
53	Name of Limited Liability Company (mandatory)	6	70	75	Alphanumeric, Embedded spaces, “-”, “/”, “&”, No other symbols or punctuation
54	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) or supplemental address information	6	35	40	Alphanumeric, Embedded spaces, “/”; No other symbols or punctuation. If no owner/representative/attention name/DBA or supplemental address information, leave print line 54 blank.
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, “-”, “/”; No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	43	5	47	Alpha, “STE, RM, FL, BLDG or UN”; Print only if there is a Number or Letter.
55	STE, RM, FL, BLDG, and UN Number or Letter	50	5	54	Alphanumeric, no symbols
55	Private Mail Box (PMB)	57	3	59	“PMB”; Print only if there is a Number or Letter.
55	Private Mail Box Number or Letter	61	6	66	Alphanumeric
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha. If foreign address, leave State field blank.
56	ZIP Code	29	10	38	Numeric, “-”. If foreign address, leave ZIP Code field blank.
57	If Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank. 2-character Country Abbreviation may be used.
57	If Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58	Blank line	–	–	–	–
59	“Amount of Payment” (mandatory)	46	17	62	Print as: “Amount of Payment”
59	Amount of Payment	67	10	76	Numeric, Right Aligned, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and and conventional form FTB 3588	–	–	–	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, “6201206”

