

GUIDELINES FOR SCANNABLE FORM FTB 3582X

Scannable Form FTB 3582X Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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 | – | – | – | – |
| 6-7 | “Do not mail ...” and box | 12 | 62 | 73 | Conventional form size/style |
| 8 | Blank line | – | – | – | – |
| 9-21 | “When to pay” and box | 12 | 62 | 73 | Conventional form size/style |
| 22 | Blank line | – | – | – | – |
| 23-32 | “Pay online” and box | 12 | 62 | 73 | Conventional form size/style |
| 33 | Blank line | – | – | – | – |
| 34-42 | “Where to pay” 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 | “ CAUTION: 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 “2023” | 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 “2023” | 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 | “23” |
| 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 |

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| 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. Do not use commas. |
| 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, "1301236" |

Scannable Form FTB 3582X Record Layout
Note: Record Layout is Reduced

Form grid with sections: Voucher at bottom of page, Do not mail a paper copy of your tax return with the payment voucher. If amount of payment is zero, do not mail this voucher. When to pay, Pay online, Where to pay, 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 2023 Title of Form CALIFORNIA FORM 3582X(e-file) Amount of payment 0000000000.