Scannable Form FTB 3563 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). 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	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
22-33	Blank lines	–	–	–	–
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	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 “2023”	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 “2023”	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	“23”
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

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Use Courier New 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.

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. **Do not use commas.**
59-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3563	–	–	–	End of bottom registration mark, anchor mark, and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric, replace '613' with your assigned CTP ID.
63	Doc. ID (mandatory)	40	7	46	Numeric, "1231236"

Scannable Form FTB 3563 Record Layout

Note: Record Layout is Reduced

Form at bottom of page

If amount of payment is zero, do not mail this form.

When to pay

Where to pay

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

TAXABLE YEAR	Title of Form	CALIFORNIA FORM
2023		3563(541)

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FEINNOXXXX  NCTL                                                                  23          APE   0000000
NAME OF ESTATE OR TRUSTXXXXXXXXXXXX  (DECD MM-DD-YYYY)
NAME AND TITLE OF FIDUCIARYXXXXXXX
ADDITIONALINFORMATIONXXXXXXXXXXXXXXXX  EXECUTORXXXXXXXXXXX
STREETADDRESSXXXXXXXXXXXXXXXXXXXXXX  STEXX NOXXX  PMB NOXXXXX
CITYXXXXXXXXXXXXXX  ST  ZIPCODEXXX
FOREIGNCOUNTRYNAMEX  FOREIGN/P/S/CXXXX  POSTALCODEXXXXXX
                                                Amount of Payment   0000000000.

613   123123 6
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