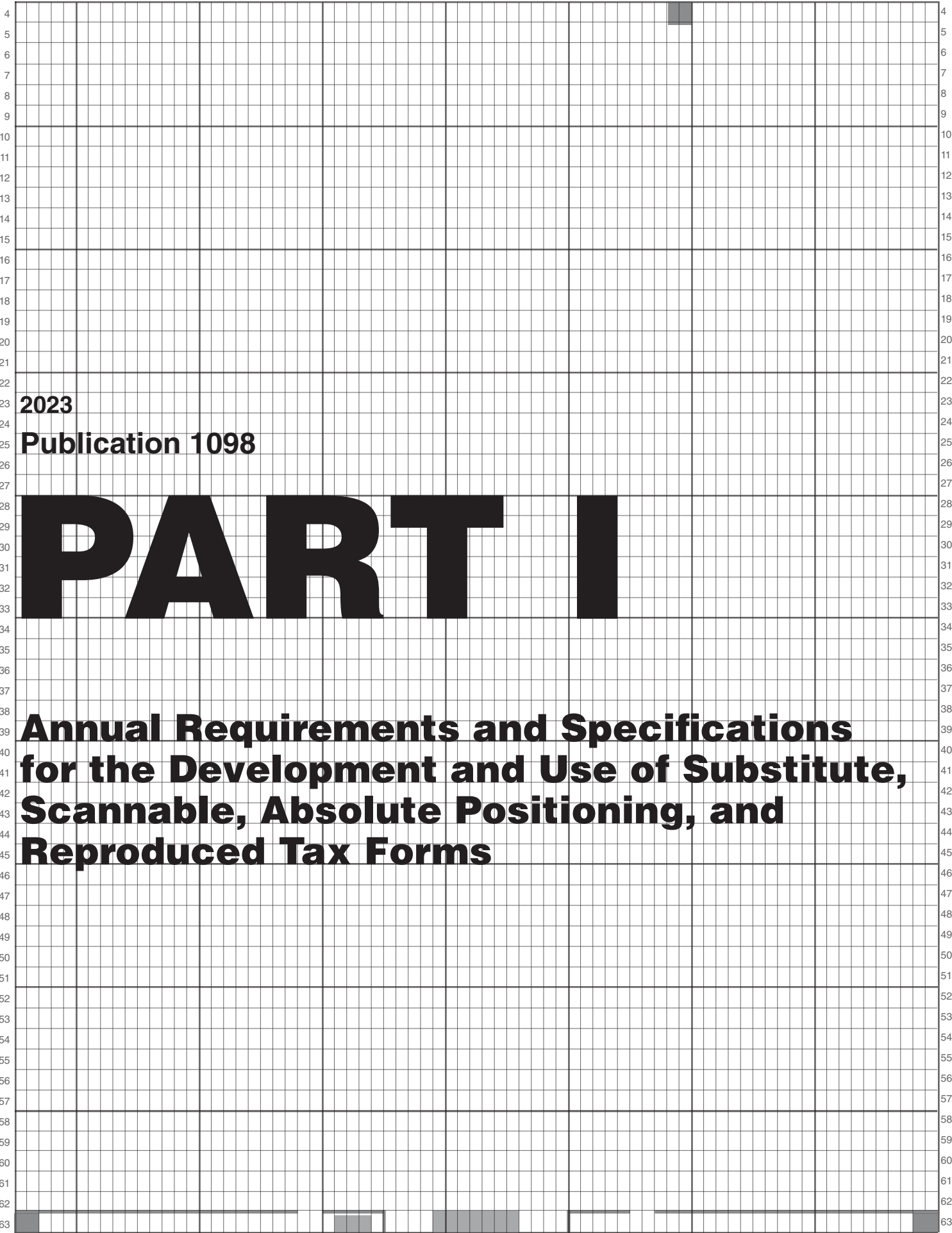


0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7 8 8
6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0



2023

Publication 1098

PART I

**Annual Requirements and Specifications
for the Development and Use of Substitute,
Scannable, Absolute Positioning, and
Reproduced Tax Forms**

0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 8 8
6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0

TABLE OF CONTENTS

ALL FTB TAX FORMS	4
Introduction	4
What's New for 2023	4
Important Reminders	4
<i>Form Year Indicator</i>	4
<i>Font</i>	4
<i>Scannable Format</i>	4
<i>Instructional Text</i>	5
<i>Hard Coded Zeroes</i>	5
<i>Margins</i>	5
<i>Type Style</i>	5
<i>Paper</i>	5
<i>Ink</i>	5
<i>Internal Control Numbers (ICN)</i>	5
<i>Claiming Additional Credits on Personal and Business Entity Tax Forms</i>	5
<i>Form 100, Form 100S, and Form 100W</i>	5
<i>Return Processing (RP) Box</i>	5
<i>"Amount of payment" – Exception for all Scannable Estimate Payment Forms (Forms /Vouchers</i> <i>100-ES, 540-ES, 541-ES, and FTB 3536)</i>	6
Definitions of Substitute, Scannable, Absolute Positioning, and Reproduced Tax Forms and Vouchers	6
<i>Substitute Tax Forms and Vouchers</i>	6
<i>Scannable Payment Forms/Vouchers (Forms 100-ES, 540-ES, 541-ES, and forms FTB 3519, 3522, 3536, 3537, 3538,</i> <i>3539, 3563, 3582, 3582X, 3586, 3587, 3588, 3843, and 3893)</i>	6
<i>Voucher Size</i>	6
<i>Reproduced Tax Form</i>	6
"DO NOT PAPER FILE" Message Requirements	6
Who Must Get Approval for Substitute, Scannable, Absolute Positioning and Reproduced Tax Forms	6
<i>Absolute Positioning, Substitute and Scannable Forms</i>	6
<i>Reproductions of Official FTB Tax Forms</i>	7
<i>Example of "Do Not Paper File" message</i>	7
Bottom Margin Registration Marks, Anchor Marks, Document ID, and CTP ID Specifications	8
<i>Bottom Margin Registration Marks</i>	8
<i>Anchor Marks</i>	8
<i>Document ID</i>	8
<i>CTP ID</i>	8
How Does the Forms Approval Process Work?	9
Electronic Forms Review Process	9
What the Company Should Do for its Customers and Clients	9
Submitting Forms to FTB for Approval	10
<i>First Submission</i>	10
<i>Second and subsequent review for approval</i>	10
Benefits of Following the Guidelines for the Development and Use of Substitute, Scannable, Absolute Positioning, and Reproduced Tax Forms	11
Consequences of Not Following the Guidelines for the Development and Use of Substitute, Scannable, Absolute Positioning, and Reproduced Tax Forms	11
How to Contact FTB Regarding Substitute, Scannable, Absolute Positioning, and Reproduced Tax Forms	11
DOC ID LIST (Form Number to Use in Document ID "String")	12
Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement	13
Forms That Require FTB Approval	14
Standard Abbreviations	19
State or U.S. Possessions	19
Country Abbreviation List	20
Credit Names, Acronyms, and Code Number List	21
Repealed Credits with Carryover Provisions	22

TABLE OF CONTENTS

SUBSTITUTE TAX FORMS	23
<i>Monetary Amounts</i>	23
<i>Negative Amounts</i>	23
<i>Layout</i>	23
<i>Keying Symbols</i>	23
<i>Source Codes</i>	24
<i>Final Forms on the FTB Website</i>	24
<i>Shading Requirements</i>	24
<i>How to Gain Additional Room on a Form</i>	24
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)	24
Guidelines for Developing Substitute Schedules K-1 (565 and 568)	24
ABSOLUTE POSITIONING TAX FORMS	25
Introduction	25
Guidelines for Preparing Absolute Positioning Tax forms	25
Monetary Amounts	25
Negative Amounts	25
Layout	25
Keying Symbols	25
Paper Filing Survey Code	25
Font	25
Printing	25
Document ID String	25
Guidelines for Printing Taxpayer Entity Information for the Absolute Positioning Forms	26
PIT Entity Entry Instructions	26
Mailing and Assembly Instructions for absolute positioning forms	27
Assembly and Mailing Instructions for absolute positioning forms	27
Return Mailing Addresses for Absolute Positioning forms	27
Absolute Positioning Form Approval Checklist	28
Absolute Positioning Form 540 Specifications	30
Absolute Positioning Form 540 Entity Area Record Layout	45
Absolute Positioning Form 540 2EZ Specifications	51
Absolute Positioning Form 540 2EZ Entity Area Record Layout	64
Absolute Positioning Form 540NR Specifications	69
Absolute Positioning Form 540NR Entity Area Record Layout	83
Absolute Positioning Form FTB 3514 Specifications	89
Absolute Positioning Form FTB 3514 Entity Area Record Layout	98
Absolute Positioning Form FTB 5805 Specifications	102
Absolute Positioning Form FTB 5805 Entity Area Record Layout	106
Absolute Positioning Schedule CA (540) Specifications	110
Absolute Positioning Schedule CA (540) Entity Area Record Layout	129
Absolute Positioning Schedule W-2 Specifications	135
Absolute Positioning Schedule W-2 Entity Area Record Layout	137
Absolute Positioning Schedule X Specifications	138
Absolute Positioning Schedule X Entity Area Record Layout	140
GUIDELINES FOR BUSINESS ENTITY (BE) SUBSTITUTE FORMS WITH SCANNABLE ENTITIES	141
Substitute Forms 100, 100S, 100W, and 100X Specifications	141
Substitute Forms 100, 100S, 100W, and 100X Entity Area Record Layout	143
Substitute Forms 565 and 568 Specifications	144
Substitute Forms 565 and 568 Entity Area Record Layout	147
Substitute Schedule K-1 (100S) Specifications	148
Substitute Schedule K-1 (100S) Entity Area Record Layout	150
Substitute Schedule K-1 (565 and 568) Specifications	151
Substitute Schedule K-1 (565 and 568) Entity Area Record Layout	153

GUIDELINES FOR PERSONAL INCOME TAX (PIT) SCANNABLE PAYMENT FORMS/VOUCHERS	154
Submitting PIT Scannable Payment Forms 540-ES, 541-ES, FTB 3519, 3563, 3582, 3582X and 3843	
Approval Checklist	154
Scannable Form 540-ES Specifications	155
Scannable Form 540-ES Record Layout	157
Scannable Form 541-ES Specifications	158
Scannable Form 541-ES Record Layout	160
Scannable Form FTB 3519 Specifications	161
Scannable Form FTB 3519 Record Layout	163
Scannable Form FTB 3563 Specifications	164
Scannable Form FTB 3563 Record Layout	166
Scannable Form FTB 3582 Specifications	167
Scannable Form FTB 3582 Record Layout	169
Scannable Form FTB 3582X Specifications	170
Scannable Form FTB 3582X Record Layout	172
Scannable Form FTB 3843 Specifications	173
Scannable Form FTB 3843 Record Layout	175
GUIDELINES FOR BUSINESS ENTITY (BE) SCANNABLE PAYMENT FORMS/VOUCHERS	176
Business Entity Entry Instructions	176
Business Entity Information Examples	177
Submitting BE Scannable Payment Forms 100-ES, FTB 3522, 3536, 3537, 3538, 3539, 3586, 3587,	
3588, and 3893 Approval Checklist	178
Scannable Form 100-ES Specifications	179
Scannable Form 100-ES Record Layout	182
Scannable Form FTB 3522 Specifications	183
Scannable Form FTB 3522 Record Layout	185
Scannable Form FTB 3536 Specifications	186
Scannable Form FTB 3536 Record Layout	188
Scannable Form FTB 3537 Specifications	189
Scannable Form FTB 3537 Record Layout	191
Scannable Form FTB 3538 Specifications	192
Scannable Form FTB 3538 Record Layout	194
Scannable Form FTB 3539 Specifications	195
Scannable Form FTB 3539 Record Layout	197
Scannable Form FTB 3586 Specifications	198
Scannable Form FTB 3586 Record Layout	200
Scannable Form FTB 3587 Specifications	201
Scannable Form FTB 3587 Record Layout	203
Scannable Form FTB 3588 Specifications	204
Scannable Form FTB 3588 Record Layout	206
Scannable Form FTB 3893 Specifications	207
Scannable Form FTB 3893 Record Layout	209

All FTB Tax Forms

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.

What's New for 2023

Absolute Positioning – There are no new absolute positioning forms for the 2023 season.

Schedule X, California Explanation of Amended Return Changes – This schedule, currently has a write-in field for the tax year. Starting with tax year 2023, the write-in field will be removed. This schedule also, will be converting to a hard coded tax year for 2023.

High-Road Cannabis Tax Credit – For taxable years beginning on or after January 1, 2023, and before January 1, 2028, the High-Road Cannabis Tax Credit (HRCTC) will be available to licensed commercial cannabis businesses that meet the qualifications. The HRCTC allows as a tax credit 25% of qualified expenditures in the taxable year, up to the credit limit of \$250,000. Unused credit may be carried forward up to eight years. All types of entities, except for exempt organizations, are eligible to claim this credit.

A qualified taxpayer must request a tentative credit reservation from the Franchise Tax Board (FTB) during the month of July for each taxable year or within 30 days of the start of their taxable year if the qualified taxpayer's taxable year begins from August 1st through December 31st.

For more information, get form FTB 3820, High-Road Cannabis Tax Credit, see California Revenue and Taxation Code (R&TC) Section 17053.64, or go to ftb.ca.gov and search for **hrctc**.

Cannabis Equity Tax Credit – For taxable years beginning on or after January 1, 2023, and before January 1, 2028, a Cannabis Equity Tax Credit (CETC) is available to equity licensees that have received approval, including approval contingent upon the availability of funds, for the fee waiver and deferral program administered by the Department of Cannabis Control (DCC). The allowable credit is \$10,000 per taxable year. Unused credit may be carried forward up to eight years. All types of entities, except for exempt organizations, are eligible to claim this credit. For more information, get form FTB 3821, Cannabis Equity Tax Credit, see R&TC Section 17053.82, or go to ftb.ca.gov and search for **cetc**.

Obsolete Forms – There are no obsolete forms for the 2023 season.

New Forms

- FTB 3820, High-Road Cannabis Tax Credit
- FTB 3821, Cannabis Equity Tax Credit

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:

- 431 Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund
- 446 California Community and Neighborhood Tree Voluntary Tax Contribution Fund

Legislative Update

For information regarding legislative changes, go to 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 "23." Exception: For scannable payment Forms 100-ES, 540-ES, 541-ES, and FTB 3522 and 3536 use "24."

Font

Use Courier New 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
- Scannable voucher FTB 3893

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.

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,

ALL FRANCHISE TAX BOARD TAX FORMS

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, 3843, and 3893).

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.

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.
- 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.

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.

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.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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)

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

Sign Here

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

DO NOT PAPER FILE
 Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed) PTIN

Joint tax return? (See instructions) Firm's 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

ALL FRANCHISE TAX BOARD TAX FORMS

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, after, top** and **bottom** the document ID string in this open space.

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., “23”)
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., “23” for 2023 tax year forms). **Exception:** Scannable estimate vouchers [Forms 100-ES, 540-ES, 541-ES, FTB 3536, and FTB 3522] will use “24” 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 New 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.
- **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 New font 12-point. **Do not** use bold font.

How Does the Forms Approval Process Work?

- 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 **FTBLOI@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).
- 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).
- 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
- When we complete our review, we will respond back to vendors electronically using email or SWIFT¹, 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.)

Electronic Forms Review Process

For 2023 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. 0512021081201.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.

What the Company Should Do for its Customers and Clients

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:

- 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.

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

ALL FRANCHISE TAX BOARD TAX FORMS

Submitting Forms to FTB for Approval

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 2023”
- “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, 3588, and 3893 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**

- Due to the pandemic, we highly recommend that electronic submissions are submitted because we are not currently in the office to receive any paper submissions.

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 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.

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.
-

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.
-

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.

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	C (100S)	772
100-ES	610	3514	846	3801-CR	746	CA (540)	773
100S	361	3519	122	3802	747	CA (540NR)	774
100W	362	3520 PIT	855	3803	748	D (100S)	775
100-WE	700	3520 BE	856	3804	876	D (540)	776
100X	363	3520 RVK	857	3804-CR	877	D (540NR)	777
109	364	3521	730	3805E	750	D (541)	778
199	365	3522	611	3805P	751	D (565)	779
540	310	3523	731	3805 Q	752	D (568)	780
540-ES	120	3525	834	3805V	753	D-1	781
540 2EZ	311	3526	732	3805Z	754	EO (565)	832
540NR	313	3531	844	3807	756	EO (568)	833
541	316	3532	848	3808	757	G-1	782
541-A	701	3533	733	3809	758	H (100)	783
541-B	702	3533-B	851	3814	854	H (100S)	784
541-ES	121	3534	858	3820	880	H (100W)	785
541-QFT	317	3535	859	3821	881	J (541)	786
541-T	703	3536	622	3831	878	K-1 (100S)	787
565	366	3537	612	3832	759	K-1 (541)	788
568	367	3538	621	3834	760	K-1 (565)	789
570	368	3539	614	3835	879	K-1 (568)	790
587	704	3540	735	3840	842	P (100)	795
588	705	3541	830	3843	128	P (100W)	796
589	810	3544	863	3853	866	P (540)	797
590	706	3544A	822	3864	761	P (540NR)	798
590-P	707	3546	736	3885	762	P (541)	799
592	708	3547	737	3885A	763	QS	800
592-A	709	3548	738	3885F	764	R	801
592-B	710	3551	829	3885L	765	S	802
592-F	808	3554	843	3885P	766	W-2	804
592-PTE	861	3563	123	3893	623	X	853
592-Q	862	3568	869	3895	865	RDP Worksheet	811
592-V	127	3574	741	3913	873		
593	860	3576	124	4197	868		
593-V	812	3577	615	5805	767		
1067A	716	3578	616	5805F	768		
1067B	717	3579	617	5806	769		
1115	718	3580	742	5870A	770		
1117	719	3581	807	B (100S)	771		
2416	720	3582	125				
2424	721	3582-X	130				
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., “23”) |
| 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

0
-1
-2
-3
-4

TAXABLE YEAR **2023** **California Nonresident or Part-Year Resident Income Tax Return** **540NR**
CALIFORNIA FORM

Sample ICN → CA540NR110606

Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month _____ year 2023.

- **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

-62
-63
-64
-65
-66

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

613 7631234 FTB 3885A 2023

- **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

-62
-63
-64
-65
-66

613 3101234 0 Form 540 2023 Side 1

* 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, 3514, 5805; and Substitute Schedules CA (540), K-1 (100S), K-1 (565), K-1 (568), W-2, 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," paper filing survey code
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," paper filing survey code
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"
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"

ALL FRANCHISE TAX BOARD TAX FORMS

Form	What FTB will review
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"
FTB 3461	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
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"
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"

ALL FRANCHISE TAX BOARD TAX FORMS

Form	What FTB will review
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 3568	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
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"
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 3804	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3804-CR	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"
FTB 3809	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3814	form, entity data placement, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3820 (NEW)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3821 (NEW)	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"

ALL FRANCHISE TAX BOARD TAX FORMS

Form	What FTB will review
FTB 3831	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 3835	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"
FTB 3853	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3864	form, keying symbols, CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
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"
Scannable FTB 3893	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, anchor marks, bottom registration marks, source code "6"
FTB 3895	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 3913	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
FTB 4197	CTP ID, document ID, anchor marks, bottom registration marks, source code "4"
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, entity data placement, 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"
SCH D (565)	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 (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
Antigua and Barbuda	AC	Estonia	EN
United Arab Emirates	AE	Eritrea	ER
Afghanistan	AF	El Salvador	ES
Algeria	AG	Ethiopia	ET
Azerbaijan	AJ	Czech Republic	EZ
Albania	AL	Finland	FI
Armenia	AM	Fiji	FJ
Andorra	AN	Falkland Islands (Islas Malvinas)	FK
Angola	AO	Federated States of Micronesia	FM
American Samoa	AQ	Faroe Islands	FO
Argentina	AR	French Polynesia	FP
Australia	AS	Baker Island	FQ
Ashmore and Cartier Islands	AT	France	FR
Austria	AU	French Southern and Antarctic Lands	FS
Anguilla	AV	The Gambia	GA
Akrotiri	AX	Gabon	GB
Antarctica	AY	Georgia	GG
Bahrain	BA	Ghana	GH
Barbados	BB	Gibraltar	GI
Botswana	BC	Grenada	GJ
Bermuda	BD	Guernsey	GK
Belgium	BE	Greenland	GL
Bahamas	BF	Germany	GM
Bangladesh	BG	Guam	GQ
Belize	BH	Greece	GR
Bosnia and Herzegovina	BK	Guatemala	GT
Bolivia	BL	Guinea	GV
Burma	BM	Guyana	GY
Benin	BN	Haiti	HA
Belarus	BO	Hong Kong	HK
Solomon Islands	BP	Heard Island and McDonald Islands	HM
Navassa Island	BQ	Honduras	HO
Brazil	BR	Howland Island	HQ
Bhutan	BT	Croatia	HR
Bulgaria	BU	Hungary	HU
Bouvet Island	BV	Iceland	IC
Brunei	BX	Indonesia	ID
Burundi	BY	Man, Isle of	IM
Canada	CA	India	IN
Cambodia	CB	British Indian Ocean Territory	IO
Chad	CD	Clipperton Island	IP
Sri Lanka	CE	Iran	IR
Congo (Brazzaville)	CF	Israel	IS
Congo (Kinshasa)	CG	Italy	IT
China	CH	Côte d'Ivoire (Ivory Coast)	IV
Chile	CI	Iraq	IZ
Cayman Islands	CJ	Japan	JA
Cocos (Keeling) Islands	CK	Jersey	JE
Cameroon	CM	Jamaica	JM
Comoros	CN	Jan Mayen	JN
Colombia	CO	Jordan	JO
Northern Mariana Islands	CQ	Johnston Atoll	JQ
Coral Sea Islands	CR	Kenya	KE
Costa Rica	CS	Kyrgyzstan	KG
Central African Republic	CT	Korea, Democratic People's Republic of (North)	KN
Cuba	CU	Kingman Reef	KQ
Cape Verde	CV	Kiribati	KR
Cook Islands	CW	Korea, Republic of (South)	KS
Cyprus	CY	Christmas Island	KT
Denmark	DA	Kuwait	KU
Djibouti	DJ	Kosovo	KV
Dominica	DO	Kazakhstan	KZ
Jarvis Island	DQ	Laos	LA
Dominican Republic	DR	Lebanon	LE
Dhekelia	DX		
Ecuador	EC		
Egypt	EG		
Ireland	EI		

Latvia	LG	South Africa	SF
Lithuania	LH	Senegal	SG
Liberia	LI	St. Helena	SH
Slovakia	LO	Slovenia	SI
Palmyra Atoll	LQ	Sierra Leone	SL
Liechtenstein	LS	San Marino	SM
Lesotho	LT	Singapore	SN
Luxembourg	LU	Somalia	SO
Libya	LY	Spain	SP
Madagascar	MA	St. Lucia Island	ST
Macau	MC	Sudan	SU
Moldova	MD	Svalbard	SV
Mongolia	MG	Sweden	SW
Montserrat	MH	South Georgia and the South Sandwich Islands	SX
Malawi	MI	Syria	SY
Montenegro	MJ	Switzerland	SZ
Macedonia	MK	Saint Barthélemy	TB
Mali	ML	Trinidad and Tobago	TD
Monaco	MN	Thailand	TH
Morocco	MO	Tajikistan	TI
Mauritius	MP	Turks and Caicos Islands	TK
Midway Islands	MQ	Tokelau	TL
Mauritania	MR	Tonga	TN
Malta	MT	Togo	TO
Oman	MU	São Tomé and Príncipe	TP
Maldives	MV	Tunisia	TS
Mexico	MX	East Timor	TT
Malaysia	MY	Turkey	TU
Mozambique	MZ	Tuvalu	TV
New Caledonia	NC	Taiwan	TW
Niue	NE	Turkmenistan	TX
Norfolk Island	NF	Tanzania	TZ
Niger	NG	Curaçao	UC
Vanuatu	NH	Uganda	UG
Nigeria	NI	United Kingdom (England, Northern Ireland, Scotland, and Wales)	UK
Netherlands	NL	Ukraine	UP
Sint Maarten	NN	Burkina Faso	UV
Norway	NO	Uruguay	UY
Nepal	NP	Uzbekistan	UZ
Nauru	NR	St. Vincent and the Grenadines	VC
Suriname	NS	Venezuela	VE
Nicaragua	NU	British Virgin Islands	VI
New Zealand	NZ	Vietnam	VM
Other Country	OC	Virgin Islands	VQ
South Sudan	OD	Holy See	VT
Paraguay	PA	Namibia	WA
Pitcairn Islands	PC	Wallis and Futuna	WF
Peru	PE	Western Sahara	WI
Paracel Islands	PF	Wake Island	WQ
Spratly Islands	PG	Samoa	WS
Pakistan	PK	Swaziland	WZ
Poland	PL	Yemen (Aden)	YM
Panama	PM	Zambia	ZA
Portugal	PO	Zimbabwe	ZI
Papua New Guinea	PP		
Palau	PS		
Guinea-Bissau	PU		
Qatar	QA		
Serbia	RI		
Marshall Islands	RM		
Saint Martin	RN		
Romania	RO		
Philippines	RP		
Puerto Rico	RQ		
Russia	RS		
Rwanda	RW		
Saudi Arabia	SA		
St. Pierre and Miquelon	SB		
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

Credit Name	Acronym	Code	PIT*	CT*
California Competes Tax	CA COMPETES	233	X	X
California Earned Income Tax	CA EITC	NONE	X	
California Motion Picture and Television Production	MOVIETVPROD	223	X	X
Cannabis Equity Tax Credit	CETC	247	X	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
High-Road Cannabis Tax Credit	HRCTC	246	X	X
Homeless Hiring Tax Credit	HHTC	244	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	
Pass-Through Entity Elective Tax	PTE ELECT	242	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 MOVTVPRD	239	X	
Research	RESEARCH	183	X	X
Senior Head of Household	SR HOH	163	X	
Soundstage Filming Tax Credit	STG FLM CRDT	245	X	X
State Historic Rehabilitation Tax Credit	ST HIST REHB	243	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

Credit Name	Acronym	Code	PIT*	CT*
Agricultural Products	AGRI PRODUCT	175	X	X
Commercial Solar Electric System	COMSLR EL CO	196	X	X
Commercial Solar Energy	COM SLR NRG	181	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
Main Street Small Business Tax	MAIN STR CR	240	X	X
Main Street Small Business Tax II	MAIN ST II	241	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 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. For more information, get FTB Pub. 1006, California Tax Forms and Related Federal Forms at ftb.ca.gov. (This publication is updated annually).

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:

File	<input type="checkbox"/>	Tax Rate Schedule					
00	●	<input type="checkbox"/> FTB 3803 ●	31	<input type="text"/> .00		
Line 11. If your federal AGI is more than				●	32	<input type="text"/> .00	
.....				●	33	<input type="text"/> .00	
0, enter -0-				●	34	<input type="text"/> .00	
●	<input type="checkbox"/>	Schedule G-1	●	<input type="checkbox"/> FTB 5870A	●	34	<input type="text"/> .00
.....				●	35	<input type="text"/> .00	
.....				●	40	<input type="text"/> .00	
.....				●	43	<input type="text"/> .00	
.....				●	44	<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

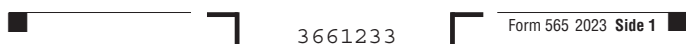
The FTB will post final proofs of tax forms to two different areas:

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

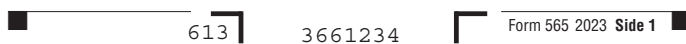
When companies download and print tax forms from the public access forms locator web page, the forms will contain source code “3.” It is the company’s responsibility to change the source code from “3” to “4” at the time the company adds its three-digit CTP ID. The following example contains all of the 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 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.

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

Introduction

Absolute Positioning is the computer-prepared format of Forms, 540, 540 2EZ, 540NR, 3514, 5805, Schedule W-2, Schedule CA(540) and Schedule X, California Income Tax Returns and schedules.

For tax year 2023, it is mandatory for CTPs who are developing Form 540, 540 2EZ, 540NR, 3514, 5805 and Schedule CA(540), 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.

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, 3514, 5805, Schedule CA(540) 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.

Print Reason Codes:

"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

Font

Use Courier New, 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 New, (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.

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 23 PBA 123456
SARAH E LEE
1234 STATE ST
CROWN CA 12345

111-11-1111 TAXP 222-22-2222 23
JORDAN A TAXPAYER JR
KAITLYNN G TAXPAYER
12345 ½ SHORT ST
ANYPLACE CA 12345
06-13-1948 02-04-1957

111-11-1111 TEXA 23
AUSTIN M TEXAN
HOMESTYLE NURSING HOME
1234 BEAUTIFUL DR 23
WELCOME CA 54321

111-11-1111 BEEH 222-22-2222 23
MICKEY J BEEHAPPY
LYNN S BEEHAPPY

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

111-11-1111 SMIT 222-22-2222 23
ROBERT J SMITH 03-12-2018
KIMBERLY SMITH

3452 BUSY DR UN 5
BORDERTOWN CA 12345

111-11-1111 MISS 23
ELIJAH M MISSION

PO BOX 888
APO AE 09876

111-11-1111 JACK 222-22-2222 23
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 New, 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

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 ARRPP “RP” area.
- Print an example with “Taxpayer Side 1, Deceased Date” code “D” OR “Spouse/RDP Deceased Date” code “C” in the ARRPP “RP” area.
- Print an example **without** “Taxpayer Deceased Date” code “D” AND “Spouse/RDP Deceased Date” code “C” in the ARRPP “RP”.
- Print an example with both Disaster code “9”, Outside the USA code “O”, AND Military code “U” in the ARRPP “RP” area.
- Print an example with Disaster code “9”, Outside the USA code “O”, OR Military code “U” in the ARRPP “RP” area.
- Print an example **without** Disaster code “9”, Outside the USA code “O”, AND Military code “U” in the ARRPP “RP” area.
- Print an example with IRC 965 code “E” in the ARRPP “RP” area.
- Print an example without IRC 965 code “E” in the ARRPP “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 New, 12-point font) in print positions 32, 33, and 34 on print line 63.

Document ID String

- Doc. ID (Courier New 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

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

Print Reason Codes:

“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

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 New 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	“23”
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, must Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, “-”, mm-dd-yyyy (e.g., 08-01-2023), 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 New 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, must Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, “-”, mm-dd-yyyy (e.g., 08-01-2023), 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 New 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 New 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 New 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	-	-	-	-
32-60	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 surviving spouse/RDP	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. someone can claim you (or your spouse/RDP) as a dependent	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 New 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>
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, "3101234"
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 New 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 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.	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 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.	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 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.	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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
10	Blank line	–	–	–	–
11	Line 10. Dependent 1 Last Name 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.	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. Otherwise, all four fields must be blank.
11	Line 10. Dependent 2 Last Name 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.	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. Otherwise, all four fields must be blank.
11	Line 10. Dependent 3 Last Name 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.	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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
12	Blank line	–	–	–	–
13	Line 10. Dependent 1 SSN 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	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. Otherwise, all four fields must be blank.

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 New 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 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.	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. Otherwise, all four fields must be blank.
13	Line 10. Dependent 3 SSN 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.	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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
14	Blank line	–	–	–	–
15	Line 10. Dependent 1 Relationship 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.	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. Otherwise, all four fields must be blank.
15	Line 10. Dependent 2 Relationship 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.	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. Otherwise, all four fields must be blank.
15	Line 10. Dependent 3 Relationship 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.	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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, print “SEE ATTACHED”.
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 New 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 NUMERIC ALPHANUMERIC	= = =	A-Z (MUST BE ALL CAPS) 0-9 A-Z (MUST BE ALL CAPS), 0-9	Use Courier New 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.		
<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, "3102234"
						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 New 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 credit recapture	36	20	55	Alphanumeric
20	Line 63. Other taxes and credit recapture	62	15	76	Numeric
21	Blank line	–	–	–	–
22	Line 64. Add line 48, line 61, line 62, and line 63.	62	15	76	Numeric
23-24	Blank lines	–	–	–	–
25	Line 71. California income tax withheld	62	15	76	Numeric
26	Blank line	–	–	–	–
27	Line 72. CA estimated tax and other payments	62	15	76	Numeric
28	Blank line	–	–	–	–
29	Line 73. Withholding (Form 592-B and/or 593)	62	15	76	Numeric
30	Blank line	–	–	–	–
31	Line 74. Excess SDI (or VPDI) withheld	62	15	76	Numeric
32	Blank line	–	–	–	–
33	Line 75. Earned Income Tax Credit	62	15	76	Numeric
34	Blank line	–	–	–	–
35	Line 76. Young Child Tax Credit	62	15	76	Numeric
36	Blank line	–	–	–	–
37	Line 77. Foster Youth Tax Credit	62	15	76	Numeric
38	Blank line	–	–	–	–
39	Line 78. Add line 71 through line 77 "Write in"	48	8	55	Alphanumeric
39	Line 78. Add line 71 through line 77	62	15	76	Numeric

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 New 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.
40-41	Blank line	–	–	–	–
42	Line 91. Use Tax	53	15	67	Numeric
43	Blank line	–	–	–	–
44	Line 91. No use tax is owed	27	1	27	Upper X = marked check box Blank = unmarked check box
44	Line 91. You paid your use tax obligation directly to CDTFA	44	1	44	Upper X = marked check box Blank = unmarked check box
45-46	Form area	6	–	80	Conventional form, size/style
47	Line 92. Full-year health care coverage	60	1	60	Upper X = marked check box Blank = unmarked check box
48	Blank line	–	–	–	–
49	Line 92. Individual Shared Responsibility (ISR) Penalty	53	15	67	Numeric
50-51	Blank lines	–	–	–	–
52	Line 93. Payments balance	62	15	76	Numeric
53	Blank Line	–	–	–	–
54	Line 94. Use Tax balance	62	15	76	Numeric
55	Blank line	–	–	–	–
56	Line 95. Payments after Individual Shared Responsibility Penalty	62	15	76	Numeric
57	Blank line	–	–	–	–
58	Line 96. Individual Shared Responsibility Penalty Balance	62	15	76	Numeric
59	Blank line	–	–	–	–
60	Line 97. Overpaid tax	62	15	76	Upper X = marked check box Blank = unmarked check box
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, "3103234"
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 New 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
7-50	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
7	Line 98. Amount of line 97 you want applied to your 2024 estimated tax	62	15	76	Numeric
8	Blank line	–	–	–	–
9	Line 99. Overpaid tax available this year.	62	15	76	Numeric
10	Blank line	–	–	–	–
11	Line 100. Tax due	62	15	76	Numeric
12-13	Blank line	–	–	–	–
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 Endanger 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 Contribution 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 Voluntary Tax Contribution 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	–	–	–	–

Absolute Positioning Form 540 Specifications (Side 4)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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
36	Code 424. Protect Our Coast and Oceans Voluntary Tax Contribution Fund	62	15	76	Numeric
37	Blank line	–	–	–	–
38	Code 425. Keep Arts in Schools Voluntary Tax Contribution Fund	62	15	76	Numeric
39	Blank line	–	–	–	–
40	Code 438. California Senior Citizen Advocacy Voluntary Tax Contribution Fund	62	15	76	Numeric
41	Blank line	–	–	–	–
42	Code 439. Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	62	15	76	Numeric
43	Blank line	–	–	–	–
44	Code 440. Rape Kit Backlog Voluntary Tax Contribution Fund	62	15	76	Numeric
45	Blank line	–	–	–	–
46	Code 444. Suicide Prevention Voluntary Tax Contribution Fund	62	15	76	Numeric
47	Blank line	–	–	–	–
48	Code 445. Mental Health Crisis Prevention Voluntary Tax Contribution Fund	62	15	76	Numeric
49	Blank lines	–	–	–	–
50	Line 110. total contribution	62	15	76	Numeric
51-61	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, "3104234"
					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 New 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
5-7	Form area	6	–	80	Conventional form size/style
8	Line 111. Amount you owe	62	15	76	Numeric
8-44	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
9-13	Form area	6	–	80	Conventional form size/style
14	Line 113. FTB 5805 Check Box	21	1	21	Upper X = marked check box Blank = unmarked check box
14	Line 113. FTB 5805F Check Box	36	1	36	Upper X = marked check box Blank = unmarked check box
14	Line 113. Underpayment of Estimated Tax	62	15	76	Numeric
15-19	Form area	6	–	80	Conventional form, size/style
20	Line 115. Refund or No Amount Due	62	15	76	Numeric
21-26	Form area	6	–	80	Conventional form, size/style
	1Checking Check Box				
27	If entry in this field, there must be entries in "Routing Number" Field and "Account Number" Field. Otherwise, all three fields must be blank.	23	1	23	Upper X = marked check box Blank = unmarked check box
	1Routing Number				Numeric. First two positions must be 01 through 12 or 21 through 32.
28	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.	12	9	20	If entry made in this field, there must be entries in the "DDR Account Number" Field at print line 28 and "Checking" Check box at print line 27 or "Savings" Check box at print line 29. Otherwise, all four fields must be blank.
	1Account Number				Numeric; "–" If entry made in this field, there must be entries in the "Routing Number" Field at print line 28 and "Checking" Check box at print line 27 or "Savings" Check box at print line 29. Otherwise, all four fields must be blank.
28	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.	32	17	48	
28	Line 116. 1Direct Deposit Amount	62	15	76	Numeric
29	1Savings Check Box	23	1	23	Upper X = marked check box Blank = unmarked check box
30-32	Blank lines	–	–	–	–
	2Checking Check Box				
33	If entry in this field, there must be entries in "Routing Number" Field and "Account Number" Field. Otherwise, all three fields must be blank.	23	1	23	Upper X = marked check box Blank = unmarked check box
	2Routing Number				Numeric. First two positions must be 01 through 12 or 21 through 32.
34	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.	12	9	20	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. Otherwise, all four fields must be blank.

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)	Use Courier New 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		
34	2Account Number 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.	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. Otherwise, all four fields must be blank.
34	Line 117. 2Direct Deposit Amount	62	15	76	Numeric
35	2Savings Check Box	23	1	23	Upper X = marked check box Blank = unmarked check box
36-43	Form area	6	–	80	Conventional form, size/style
44	Yes – Want information on no-cost or low-cost health care coverage	71	1	71	Upper X = marked check box Blank = unmarked check box
44	No – Want information on no-cost or low-cost health care coverage	77	1	77	Upper X = marked check box Blank = unmarked check box
45-61	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, "3105234"
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 6)

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 New 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		
1-3	Blank lines	–	–	–	–
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-15	Form area	6	–	80	Conventional form size/style
16-27	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
16	Email address	15	49	63	Alphanumeric
16	Preferred phone number	66	14	79	Numeric, “-“
17-21	Form area	6	–	80	Conventional form size/style
22	PTIN	71	9	79	Numeric
23-24	Form area	6	–	80	Conventional form size/style
25	FEIN	71	9	79	Numeric
26	Blank line	–	–	–	–
27	Yes – Discuss Return Check Box	64	1	64	Upper X = marked check box Blank = unmarked check box
27	No – Discuss Return Check Box	71	1	71	Upper X = marked check box Blank = unmarked check box
28-61	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, “3106234”
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 New 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	“23”
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, must Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, “-”, mm-dd-yyyy (e.g., 08-01-2023), 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)

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 New 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.			
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, must Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, "–", mm-dd-yyyy (e.g., 08-01-2023), 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 New 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 New 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 New 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	-	-	-	-
33-34	Form area	6	-	80	Conventional form, size/style
35-56	Form area with absolute position data fields	-	-	-	Conventional form size/style with absolute position data fields
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 surviving spouse/RDP	38	1	38	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. Another person can claim you (or your spouse/RDP) as a dependent	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 New 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, “3111234”
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 rd 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 New 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	Form area	6	–	80	Conventional form size/style
8	Blank line	–	–	–	–
9-58	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
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 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.	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. Otherwise, all four fields must be blank.
14	Line 8. Dependent 2 First Name 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..	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. Otherwise, all four fields must be blank.
14	Line 8. Dependent 3 First Name 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.	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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
15	Blank line	–	–	–	–
16	Line 8. Dependent 1 Last Name 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.	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. Otherwise, all four fields must be blank.
16	Line 8. Dependent 2 Last Name 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.	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. Otherwise, all four fields must be 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 New 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 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.	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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
17	Blank line	–	–	–	–
18	Line 8. Dependent 1 SSN 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.	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. Otherwise, all four fields must be blank.
18	Line 8. Dependent 2 SSN 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.	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. Otherwise, all four fields must be blank.
18	Line 8. Dependent 3 SSN 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.	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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
19	Blank line	–	–	–	–
20	Line 8. Dependent 1 Relationship 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.	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. Otherwise, all four fields must be blank.
20	Line 8. Dependent 2 Relationship 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.	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. Otherwise, all four fields must be blank.
20	Line 8. Dependent 3 Relationship 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.	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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, print “SEE ATTACHED”
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 New 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
41-43	Form area	6	–	80	Conventional form, size/style
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 23a. Earned Income Tax Credit (EITC)	73	5	77	Numeric
49	Blank Line	–	–	–	–
50	Line 23b. Young Child Tax Credit (YCTC)	71	7	77	Numeric
51	Blank Line	–	–	–	–
52	Line 23c. Foster Youth Tax Credit (FYTC)	71	7	77	Numeric
53	Blank Line	–	–	–	–
54	Line 25. Total payments	68	10	77	Numeric
55	Blank Line	–	–	–	–
56	Line 26. Use tax	48	6	53	Numeric
57	Blank line	–	–	–	–
58	Line 26. No use tax is owed	30	1	30	Upper X = marked check box Blank = unmarked check box
58	Line 26. You paid your use tax obligation directly to CDTFA	48	1	48	Upper X = marked check box Blank = unmarked check box
59-61	Blank lines	–	–	–	–

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 New 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
63	Doc ID (mandatory)	40	7	46	Numeric, "3112234"
					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 rd 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
63	Paper Return Survey	53	1	53	

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 New 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
5-9	Form area	6	–	80	Conventional form size/style
10-57	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
10	Line 27. full-year health care coverage	79	1	79	Upper X = marked check box Blank = unmarked check box
11	Form area	6	–	80	Conventional form, size/style
12	Line 27. Individual Shared Responsibility (ISR) Penalty	63	15	63	Numeric
13	Blank Line	–	–	–	–
14	Line 28. Payments balance	63	15	77	Numeric
15	Blank line	–	–	–	–
16	Line 29. Use Tax balance	63	15	77	Numeric
17	Form area	6	–	80	Conventional form, size/style
18	Line 30. Payments after Individual Shared Responsibility Penalty	63	15	77	Numeric
19	Form area	6	–	80	Conventional form, size/style
20	Line 31. Individual Shared Responsibility Penalty balance	63	15	77	Numeric
21	Blank line	–	–	–	–
22	Line 32. Overpaid tax	63	15	77	Numeric
23	Form area	6	–	80	Conventional form, size/style
24	Line 33. Tax due	63	15	77	Numeric
25-26	Form area	6	–	80	Conventional form, size/style
27	Code 400. California Seniors Special Fund.	63	15	77	Numeric
28	Blank line	–	–	–	–
29	Code 401. Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	63	15	77	Numeric
30	Blank line	–	–	–	–
31	Code 403. Rare and Endanger Species Preservation Voluntary Tax Contribution Program	63	15	77	Numeric
32	Blank line	–	–	–	–
33	Code 405. California Breast Cancer Research Voluntary tax Contribution Fund	63	15	77	Numeric
34	Blank line	–	–	–	–
35	Code 406. California Firefighters' Memorial Voluntary Tax Contribution Fund	63	15	77	Numeric
36	Blank line	–	–	–	–
37	Code 407. Emergency Food for Families Voluntary Tax Contribution Fund	63	15	77	Numeric
38	Blank line	–	–	–	–
39	Code 408. California Peace Officer Memorial Foundation 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 New 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
40	Blank line	–	–	–	–
41	Code 410. California Sea Otter Voluntary Tax Contribution Fund	63	15	77	Numeric
42	Blank line	–	–	–	–
43	Code 413. California Cancer Research Voluntary Tax Contribution Fund	63	15	77	Numeric
44	Blank line	–	–	–	–
45	Code 422. School Supplies for Homeless Children Voluntary Tax Contribution Fund	63	15	77	Numeric
46	Blank line	–	–	–	–
47	Code 423. State Parks Protection Fund/Parks Pass Purchase	63	15	77	Numeric
48	Blank line	–	–	–	–
49	Code 424. Protect Our Coast and Oceans Voluntary Tax Contribution Fund	63	15	77	Numeric
50	Blank line	–	–	–	–
51	Code 425. Keep Arts in Schools Voluntary Tax Contribution Fund	63	15	77	Numeric
52	Blank line	–	–	–	–
53	Code 438. California Senior Citizen Advocacy Voluntary Tax Contribution Fund	63	15	77	Numeric
54	Blank line	–	–	–	–
55	Code 439. Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	63	15	77	Numeric
56	Blank line	–	–	–	–
57	Code 440. Rape Kit Backlog Voluntary Tax Contribution Fund	63	15	77	Numeric
58-61	Blank lines	–	–	–	–
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, "3113234"
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 rd 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 New 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
9-51	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
9	Code 444. Suicide Prevention Voluntary Tax Contribution Fund	63	15	77	Numeric
10	Blank line	–	–	–	
11	Code 445. Mental Health Crisis Prevention Voluntary Contribution Fund	63	15	77	
12	Blank line	–	–	–	
13	Line 34. total contribution	63	15	77	Numeric
14-18	Blank lines	–	–	–	–
19-21	Form area	6	–	80	Conventional form, size/style
22	Line 35. Amount You Owe	63	15	77	Numeric
23-27	Form area	6	–	80	Conventional form, size/style
28	Line 36. Refund or no Amount due	63	15	77	Numeric
29-33	Form area	6	–	80	Conventional form, size/style
34	1Checking Check Box If entry in this field, there must be entries in "Routing Number" Field and "Account Number" Field. Otherwise, all three fields must be blank.	29	1	29	Upper X = marked check box Blank = unmarked check box
35	1Routing Number 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.	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. Otherwise, all four fields must be blank.
35	1Account Number 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.	38	17	54	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. Otherwise, all four fields must be blank.
35	Line 37. 1Direct Deposit Amount	63	15	77	Numeric
36	1Savings Check Box	29	1	29	Upper X = marked check box Blank = unmarked check box
37-39	Form area	6	–	80	Conventional form, size/style

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 New 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
40	2Checking Check Box If entry in this field, there must be entries in "Routing Number" Field and "Account Number" Field. Otherwise, all three fields must be blank.	29	1	29	Upper X = marked check box Blank = unmarked check box
41	Form area	6	–	80	Conventional form, size/style
42	2Routing Number 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.	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 42 and "Checking" Check box at print line 40 or "Savings" Check box at print line 42. Otherwise, all four fields must be blank.
42	2Account Number 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.	38	17	54	Numeric; "-" If entry made in this field, there must be entries in the "Routing Number" Field at print line 42 and "Checking" Check box at print line 40 or "Savings" Check box at print line 42 Otherwise, all four fields must be blank.
42	2Savings Check Box	29	1	29	Upper X = marked check box Blank = unmarked check box
42	Line 38. 2Direct Deposit Amount	63	15	77	Numeric
43-50	Form area	6	–	80	Conventional form, size/style
51	Do you want information on no-cost or low-cost health coverage - Yes	65	1	65	Upper X = marked check box Blank = unmarked check box
51	Do you want information on no-cost or low-cost health coverage - No	72	1	72	Upper X = marked check box Blank = unmarked check box
52-61	Form area				
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, "3114234"
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 rd 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 5)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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
5-17	Form area	6	–	80	Conventional form size/style
18-29	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
18	Email address	17	42	58	Alphanumeric
18	Preferred phone number	60	13	72	Numeric; “-”
19-23	Form area	6	–	80	Conventional form, size/style
24	PTIN	63	9	71	Numeric
25-26	Form area	6	–	80	Conventional form, size/style
27	FEIN	63	9	71	Numeric
28	Blank line	–	–	–	–
29	Yes – Discuss Return Check Box	65	1	65	Upper X = marked check box Blank = unmarked check box
29	No – Discuss Return Check Box	72	1	72	Upper X = marked check box Blank = unmarked check box
30-61	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, “3115234”
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 rd 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 New 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	“23”
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, must Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, “-”; mm-dd-yyyy (e.g., 08-01-2023), 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 New 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, must Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, “-”, mm-dd-yyyy (e.g., 08-01-2023), 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 New 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
31-32	Form area	6	–	80	Conventional form, size/style
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 surviving spouse	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 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.	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.

GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR

Absolute Positioning Form 540NR Specifications (Side 1)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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 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.	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 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.)	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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
53	Blank line	–	–	–	–
54	Line 10. Dependent 1 Last Name 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.	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. Otherwise, all four fields must be blank.
54	Line 10. Dependent 2 Last Name 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.	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. Otherwise, all four fields must be blank.
54	Line 10. Dependent 3 Last Name 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.	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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
55	Blank line	–	–	–	–
56	Line 10. Dependent 1 SSN 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.	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. Otherwise, all four fields must be blank.
56	Line 10. Dependent 2 SSN 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.	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. Otherwise, all four fields must be blank.

GUIDELINES FOR ABSOLUTE POSITIONING FORM 540NR

Absolute Positioning Form 540NR Specifications (Side 1)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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 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.				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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
56		62	9	70	
57	Blank line	–	–	–	–
	Line 10. Dependent 1 Relationship 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.				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. Otherwise, all four fields must be blank.
58		20	12	31	
	Line 10. Dependent 2 Relationship 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.				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. Otherwise, all four fields must be blank.
58		41	12	52	
	Line 10. Dependent 3 Relationship 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.				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. Otherwise, all four fields must be blank. (Exception: If more than three dependents, print “SEE ATTACHED”.
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 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, “3131234”
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 New 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 New 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, "3132234"
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 New 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. Total Tax	62	15	76	Numeric
27-28	Blank lines	–	–	–	–
29	Line 81. CA income tax withheld	62	15	76	Numeric
30	Blank line	–	–	–	–
31	Line 82. CA estimated tax and other payments	62	15	76	Numeric
32	Blank line	–	–	–	–
33	Line 83. Withholding (Form 592-B and/or 593)	62	15	76	Numeric
34	Blank line	–	–	–	–
35	Line 84. Excess SDI (or VPD) withheld	62	15	76	Numeric
36	Blank line	–	–	–	–
37	Line 85. Earned Income Tax Credit	62	15	76	Numeric
38	Blank line	–	–	–	–
39	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 New 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
40	Blank line	62	15	76	–
41	Line 87. Foster Youth Credit	62	15	76	Numeric
42	Blank line	–	–	–	–
43	Line 88. Total Payments "Write in"	49	7	55	Alphanumeric
43	Line 88. Total Payments	62	15	76	Numeric
44-45	Blank lines	–	–	–	–
46	Line 91. If you and your household had full-year health coverage check the box.	60	1	60	Upper X = marked check box Blank = unmarked check box
47	Blank line	–	–	–	–
48	Line 91. Individual Shared Responsibility (ISR) Penalty	53	15	67	Numeric
49-50	Blank lines	–	–	–	–
51	Line 92. Payment after individual Shared Responsibility	62	15	76	Numeric
52	Blank line	–	–	–	–
53	Line 93. Individual Shared Responsibility Penalty Balance.	62	15	76	Numeric
54	Blank line	–	–	–	–
55	Line 101. Overpaid Tax	62	15	76	Numeric
56	Blank line	–	–	–	–
57	Line 102. Overpaid tax applied to estimated tax	62	15	76	Numeric
58	Blank line	–	–	–	–
59	Line 103. Overpaid tax available this year	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, "3133234"
					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 New 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 104. tax due.	62	15	76	Numeric
8-11	Blank lines	–	–	–	–
12-52	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
12	Code 400. California Seniors Special Fund	62	15	76	Numeric
13	Blank line	–	–	–	–
14	Code 401. Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	62	15	76	Numeric
15	Blank line	–	–	–	–
16	Code 403. Rare and Endangered Species Preservation Voluntary Tax Contribution Program	62	15	76	Numeric
17	Blank line	–	–	–	–
18	Code 405. California Breast Cancer Research Voluntary Tax Contribution Fund	62	15	76	Numeric
19	Blank line	–	–	–	–
20	Code 406. California Firefighters' Memorial Voluntary Tax Contribution Fund	62	15	76	Numeric
21	Blank line	–	–	–	–
22	Code 407. Emergency Food for Families Voluntary Tax Contribution Fund	62	15	76	Numeric
23	Blank line	–	–	–	–
24	Code 408. California Peace Officer Memorial Foundation Voluntary Tax Fund	62	15	76	Numeric
25	Blank line	–	–	–	–
26	Code 410. California Sea Otter Voluntary Tax Contribution Fund	62	15	76	Numeric
27	Blank line	–	–	–	–
28	Code 413. California Cancer Research Voluntary Tax Contribution Fund	62	15	76	Numeric
29	Blank line	–	–	–	–
30	Code 422. School Supplies for Homeless Children Voluntary Tax Contribution Fund	62	15	76	Numeric
31	Blank line	–	–	–	–
32	Code 423. State Parks Protection Fund/Parks Pass Purchase	62	15	76	Numeric
33	Blank line	–	–	–	–
34	Code 424. Protect our Coast and Oceans Voluntary Tax Contribution Fund	62	15	76	Numeric
35	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 New 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
36	Code 425. Keep Arts in Schools Voluntary Tax Contribution Fund	62	15	76	Numeric
37	Blank line	–	–	–	–
38	Code 438. California Senior Citizen Advocacy Voluntary Tax Contribution Fund	62	15	76	Numeric
39	Blank line	–	–	–	–
40	Code 439. Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	62	15	76	Numeric
41	Blank line	–	–	–	–
42	Code 440. Rape Kit Backlog Voluntary Tax Contribution Fund	62	15	76	Numeric
43	Blank line	–	–	–	–
44	Code 444. Suicide Prevention Voluntary Tax Contribution Fund	62	15	76	Numeric
45	Blank line	–	–	–	–
46	Code 445. Mental Health Crisis Prevention Voluntary Tax Contribution Fund	62	15	76	Numeric
47	Blank line	–	–	–	–
48	Line 120. Total Contributions	62	15	76	Numeric
49-62	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, "3134234"
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 5)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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
8-34	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
9-10	Blank lines	–	–	–	–
11	Form area	6	–	80	Conventional form, size/style
12-13	Blank lines	–	–	–	–
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	Blank line	–	–	–	–
16	Form area	6	–	80	Conventional form, size/style
17-18	Blank lines	–	–	–	–
19	Line 125. Refund or No Amount Due	62	15	76	Numeric
20-25	Blank lines	–	–	–	–
26	1Checking Check Box If entry in this field, there must be entries in “Routing Number” Field and “Account Number” Field. Otherwise, all three fields must be blank.	24	1	24	Upper X = marked check box Blank = unmarked check box
27	1Routing Number 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.	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. Otherwise, all four fields must be blank.
27	1Account Number 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.	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. Otherwise, all four fields must be blank.
27	Line 126. 1Direct Deposit Amount	62	15	76	Numeric
28	1Savings Check Box	24	1	24	Upper X = marked check box Blank = unmarked check box
29-32	Blank lines	–	–	–	–
33	2Checking Check Box If entry in this field, there must be entries in “Routing Number” Field and “Account Number” Field. Otherwise, all three fields must be blank.	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 New 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
34	2Routing Number 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.	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. Otherwise, all four fields must be blank.
34	2Account Number 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.	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. Otherwise, all four fields must be blank.
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
36-37	Blank lines	–	–	–	–
38	Form area	6	–	80	Conventional form, size/style
39-42	Blank lines	–	–	–	–
43	Yes - Want information on no-cost or low-cost health care coverage	71	1	71	Upper X = marked check box Blank = unmarked check box
43	No - Want information on no-cost or low-cost health care coverage	77	1	77	Upper X = marked check box Blank = unmarked check box
44-49	Blank lines	–	–	–	–
50	Form area	6	–	80	Conventional form, size/style
51-62	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, "3135234"
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 6)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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	Form area	6	–	80	Conventional form size/style
6	Blank line	–	–	–	–
7-13	Form area	6	–	80	Conventional form, size/style
14-15	Blank lines	–	–	–	–
16	Email address	15	48	62	Alphanumeric
16	Preferred phone number	66	14	79	Numeric; “-”
17-21	Form area	6	–	80	Conventional form, size/style
22	PTIN	71	9	79	Numeric
23-24	Blank lines	–	–	–	–
25	FEIN	71	9	79	Numeric
26	Blank line	–	–	–	–
27	Yes – Discuss Return Check Box	64	1	64	Upper X = marked check box Blank = unmarked check box
27	No – Discuss Return Check Box	72	1	72	Upper X = marked check box Blank = unmarked check box
28-29	Blank lines	–	–	–	–
30	Form area	6	–	80	Conventional form, size/style
31-62	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, “3136234”
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 3514

Absolute Positioning Form 3514 Specifications (Side 1)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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 FieldDescription 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	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	16	36	51	Conventional form size/style
5	Form Identifier (3514) Area	72	6	77	Conventional form size/style
6	Tax Year Area	7	6	12	Conventional form size/style
6	Title of Form	16	36	51	Conventional form size/style
6	Form Identifier (3514) Area	72	6	77	Conventional form size/style
6	Bold Line	6	–	80	Conventional form size/style
7-11	Form area	6	-	80	Conventional form, size/style
12-60	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
12	separated from your spouse/RDP, filing a separate return, and meet the requirements to claim the California EITC	78	1	78	Upper X=marked check box Blank=unmarked check box
12-21	Blank lines	–	–	–	–
22	Line 1. a. Yes-IRS previously disallowed your federal Earned Income Credit (EIC)	65	1	65	Upper X=marked check box Blank=unmarked check box
22	Line 1. a. No-IRS previously disallowed your federal Earned Income Credit (EIC)	72	1	72	Upper X=marked check box Blank=unmarked check box
23	Blank line	–	–	–	–
24	Line 1. b. Yes-FTB previously disallowed your EITC	65	1	65	Upper X=marked check box Blank=unmarked check box
24	Line 1. b. No-FTB previously disallowed your EITC	72	1	72	Upper X=marked check box Blank=unmarked check box
25	Blank line	–	–	–	–
26	Line 2. Federal AGI	65	12	76	Numeric
27	Blank line	–	–	–	–
28	Line 3. Federal EIC	65	12	76	Numeric
29-31	Form area	6	–	80	Conventional form, size/style
32	Line 4. Investment Income	65	12	76	Numeric
33-37	Form area	6	–	80	Conventional form, size/style
38	Line 5. Child 1 First Name If entry made in this field, there must be entries in “Child 1 Last Name” field, “Child 1 SSN or ITIN” field and “Child 1 Date of Birth” field. Otherwise all four fields must be blank.	19	11	29	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in “Child 1 Last Name” field at print line 40, “Child1 SSN or ITIN” field at print line 42, and “Child 1 Date of Birth” field at print line 46, Otherwise, all four fields must be blank.
38	Line 5. Child 2 First Name If entry made in this field, there must be entries in “Child 2 Last Name” field, “Child 2 SSN or ITIN” and “Child 2 Date of Birth” field. Otherwise all four fields must be blank.	41	11	51	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in “Child 2 Last Name” field at print line 40, “Child 2 SSN or ITIN” field at print line 42, and “Child 2 Date of Birth” field at print line 46, Otherwise, all four fields must be blank.

GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514

Absolute Positioning Form 3514 Specifications (Side 1)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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 FieldDescription 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	Line 5 Child 3 First Name If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 SSN or ITIN" field and "Child 3 Date of Birth" field. Otherwise all four fields must be blank.	63	11	73	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 38, "Child 3 SSN or ITIN" field at print line 42, and "Child 3 Date of Birth" field at print line 46, Otherwise, all four fields must be blank.
39	Blank line	-	-	-	-
40	Line 6. Child 1 Last Name If entry made in this field, there must be entries in "Child 1 First Name" field, "Child 1 SSN or ITIN" field and "Child 1 Date of Birth" field. Otherwise all four fields must be blank.	19	17	35	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 1 First Name" field at print line 38, "Child 1 SSN or ITIN" field at print line 42, and "Child 1 Date of Birth" field at print line 46, Otherwise, all four fields must be blank.
40	Line 6. Child 2 Last Name If entry made in this field, there must be entries in "Child 2 First Name" field, "Child 2 SSN or ITIN" field and "Child 2 Date of Birth" field. Otherwise all four fields must be blank.	41	17	57	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 2 First Name" field at print line 38, "Child 2 SSN or ITIN" field at print line 42, and "Child 2 Date of Birth" field at print line 46, Otherwise, all four fields must be blank.
40	Line 6. Child 3 Last Name If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 SSN or ITIN" field and "Child 3 Date of Birth" field. Otherwise all four fields must be blank.	63	17	79	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 38, "Child 3 SSN or ITIN" field at print line 42, and "Child 3 Date of Birth" field at print line 46, Otherwise, all four fields must be blank.
41	Blank line	-	-	-	-
42	Line 7. Child 1 SSN or ITIN If entry made in this field, there must be entries in "Child 1 First Name" field, "Child 1 Last Name" field and "Child 1 Date of Birth" field. Otherwise all four fields must be blank.	19	9	27	Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 1 First Name" field at print line 38, "Child 1 Last Name" field at print line 40, and "Child 1 Date of Birth" field at print line 46, Otherwise, all four fields must be blank.
42	Line 7. Child 2 SSN or ITIN If entry made in this field, there must be entries in "Child 2 First Name" field, "Child 2 Last Name" field and "Child 2 Date of Birth" field. Otherwise all four fields must be blank.	41	9	49	Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 2 First Name" field at print line 38, "Child 2 Last Name" field at print line 40, and "Child 2 Date of Birth" field at print line 46, Otherwise, all four fields must be blank.
42	Line 7. Child 3 SSN or ITIN If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 Last Name" field and "Child 3 Date of Birth" field. Otherwise all four fields must be blank.	63	9	71	Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 38, "Child 3 Last Name" field at print line 40, and "Child 3 Date of Birth" field at print line 46, Otherwise, all four fields must be blank.
43-45	Form area	6	-	80	Conventional form size/style
46	Line 8. Child 1 Date of Birth If entry made in this field, there must be entries in "Child 1 First Name" field, "Child 1 Last Name" field and "Child 1 SSN or ITIN" field. Otherwise all four fields must be blank.	19	8	26	Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 1 First Name" field at print line 38, "Child 1 Last Name" field at print line 40, and "Child 1 SSN or ITIN" field at print line 42, Otherwise, all four fields must be blank.

GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514

Absolute Positioning Form 3514 Specifications (Side 1)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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 FieldDescription 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
46	Line 8. Child 2 Date of Birth If entry made in this field, there must be entries in "Child 2 First Name" field, "Child 2 Last Name" field and "Child 2 SSN or ITIN" field. Otherwise all four fields must be blank.	41	8	48	Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 2 First Name" field at print line 38, "Child 2 Last Name" field at print line 40, and "Child 2 SSN or ITIN" field at print line 42, Otherwise, all four fields must be blank.
46	Line 8. Child 3 Date of Birth If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 Last Name" field and "Child 3 SSN or ITIN" field. Otherwise all four fields must be blank.	63	8	70	Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 38, "Child 3 Last Name" field at print line 40, and "Child 3 SSN or ITIN" field at print line 42, Otherwise, all four fields must be blank.
47-49	Form area	6	–	80	Conventional form size/style
50	Line 9. Child 1 a. Yes-Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse/RDP, if filing jointly)?	20	1	20	Upper X=marked check box Blank=unmarked check box
50	Line 9. Child 1 a. No-Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse/RDP, if filing jointly)?	27	1	27	Upper X=marked check box Blank=unmarked check box
50	Line 9. Child 2 a. Yes-Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse/RDP, if filing jointly)?	42	1	42	Upper X=marked check box Blank=unmarked check box
50	Line 9. Child 2 a. No-Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse/RDP, if filing jointly)?	49	1	49	Upper X=marked check box Blank=unmarked check box
50	Line 9. Child 3 a. Yes-Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse/RDP, if filing jointly)?	64	1	64	Upper X=marked check box Blank=unmarked check box
50	Line 9. Child 3 a. No-Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse/RDP, if filing jointly)?	71	1	71	Upper X=marked check box Blank=unmarked check box
51-53	Form area	6	–	80	Conventional form size/style
54	Line 9. Child 1 b. Yes-Was the child permanently and totally disabled during any part of 2023?	20	1	20	Upper X=marked check box Blank=unmarked check box
54	Line 9. Child 1 b. No-Was the child permanently and totally disabled during any part of 2023?	27	1	27	Upper X=marked check box Blank=unmarked check box
54	Child 2 b. Yes-Was the child permanently and totally disabled during any part of 2023?	42	1	42	Upper X=marked check box Blank=unmarked check box
54	Child 2 b. No-Was the child permanently and totally disabled during any part of 2023?	49	1	49	Upper X = marked check box Blank = unmarked check box
54	Line 9. Child 3 b. Yes-Was the child permanently and totally disabled during any part of 2023?	64	1	64	Upper X=marked check box Blank=unmarked check box
54	Line 9. Child 3 b. No-Was the child permanently and totally disabled during any part of 2023?	71	1	71	Upper X=marked check box Blank=unmarked check box

GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514

Absolute Positioning Form 3514 Specifications (Side 1)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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 FieldDescription 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
55-56	Form area	6	–	80	Conventional form size/style
57	Line 10. Child 1 Child's relationship to you.	19	12	30	Alpha
57	Line 10. Child 2 Child's relationship to you.	41	12	52	Alpha
57	Line 10. Child 3 Child's relationship to you.	63	12	74	Alpha
58-59	Form area	6	–	80	Conventional form size/style
60	Line 11. Child 1 Number of days child lived with you in California during 2023.	19	3	21	Numeric
60	Line 11. Child 2 Number of days child lived with you in California during 2023.	41	3	43	Numeric
60	Line 11. Child 3 Number of days child lived with you in California during 2023.	63	3	65	Numeric
61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 3514	–	–	–	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, "8461234"

GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514

Absolute Positioning Form 3514 Specifications (Side 2)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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 FieldDescription 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
9-58	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
	Line 12. Child 1				
9	a. Street Address (number and street and apt. no/ste. No.)	16	35	50	Alphanumeric. Embedded spaces, No punctuation, no symbols other than "/" or "-."
10-11	Form area	6	–	80	Conventional form, size/style
	Line 12. Child 1				
12	b. City	16	17	32	Alphanumeric, Embedded spaces
	Line 12 Child 1				
12	c. State	37	2	38	Alpha If foreign address, leave State field blank.
	Line 12. Child 1				
12	d. ZIP code	43	10	52	Numeric, "-", If foreign address, leave Zip Code field blank.
13-14	Form area	6	–	80	Conventional form, size/style
	Line 12. Child 2				
15	a. Street Address (number and street and apt. no/ste. No.)	16	35	50	Alphanumeric. Embedded spaces, No punctuation, no symbols other than "/" or "-"
16-17	Form area	6	–	80	Conventional form, size/style
	Line 12. Child 2				
18	b. City	16	17	32	Alphanumeric, Embedded spaces
	Line 12 Child 2				
18	c. State	37	2	38	Alpha If foreign address, leave State field blank
	Line 12. Child 2				
18	d. ZIP code	43	10	52	Numeric, "-", If foreign address, leave Zip Code field blank
19-20	Form area	6	–	80	Conventional form, size/style
	Line 12. Child 3				
21	a. Street Address (number and street and apt. no/ste. No.)	16	35	50	Alphanumeric. Embedded spaces, No punctuation, no symbols other than "/" or "-"
22-23	Form area	6	–	80	Conventional form, size/style
	Line 12. Child 3				
24	b. City	16	17	32	Alphanumeric, Embedded spaces
	Line 12 Child 3				
24	c. State	37	2	38	Alpha If foreign address, leave State field blank
	Line 12. Child 3				
24	d. ZIP code	43	10	52	Numeric, "-", If foreign address, leave Zip Code field blank
25-27	Form area	6	–	80	Conventional form, size/style
	Line 13. Wages, salaries, tips and other employee compensation, subject to California Withholding.				
28		65	12	76	Numeric
29	Blank line	–	–	–	–
30	Line 14. IHSS Payments	65	12	76	Numeric
31	Blank line	–	–	–	–

GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514

Absolute Positioning Form 3514 Specifications (Side 2)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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 FieldDescription 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 15. Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	65	12	76	Numeric
32					
33	Blank line	–	–	–	–
	Line 16. Subtract line 14 and line 15 from line 13	65	12	76	Numeric
34					
35	Blank line	–	–	–	–
36	Line 17. Nontaxable combat pay	65	12	76	Numeric
37	Blank line	–	–	–	–
38	Line 18. Business income or (loss).	65	12	76	Numeric
39	Blank line	–	–	–	–
40	Line 18. a. Business name	29	35	63	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
41-42	Form area	6	–	80	Conventional form, size/style
	Line 18. b. Business address	29	35	63	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
43					
44-45	Form area	6	–	80	Conventional form, size/style
46	Line 18. b. City	29	17	45	Alphanumeric, Embedded spaces
46	Line 18. b. State	50	2	51	Alpha. If foreign address, leave State field blank.
46	Line 18. b. ZIP Code	56	10	65	Numeric, "-". If foreign address, leave ZIP Code field blank.
47	Blank line	–	–	–	–
48	Line 18. c. Business license number	29	18	46	Alphanumeric
49	Blank line	–	–	–	–
50	Line 18. d. SEIN	29	8	36	Numeric
51	Blank line	–	–	–	–
52	Line 18. e. Business code	29	6	34	Alphanumeric
53	Blank line	–	–	–	–
54	Line 19. California Earned Income	65	12	76	Numeric
55-57	Form area	6	–	80	Conventional form, size/style
58	Line 20. California EITC.	65	12	76	Numeric
59-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 3514	–	–	–	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, "8462234"

Absolute Positioning Form 3514 Specifications (Side 3)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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 FieldDescription 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
9-57	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
9	Line 21. CA Exemption Credit Percentage from Form 540NR, Line 38.	53	6	58	Period, "N.NNNN"
10	Form area	6	–	80	Conventional form, size/style
11	Line 22. Part-Year Resident EITC.	65	12	76	Numeric
12-15	Form area	6	–	80	Conventional form, size/style
16	Line 23. California Earned Income.	65	12	76	Numeric
17	Blank line	–	–	–	–
18	Line 23. a. Total wages, salaries, tips, and other employee compensation.	53	12	64	Total wages, salaries, tips, and other employee compensation
19	Blank line	-	-	-	-
20	Line 23. b. If your total net loss exceeds \$33,497 or your federal AGI exceeds \$30,950, check the box.	53	1	53	Upper X=marked check box Blank=unmarked check box
21-27	Form area	6	–	80	Conventional form, size/style
28	Line 25. Excess Earned Income over threshold.	65	12	76	Numeric
29	Blank line	–	–	–	–
30	Line 26. Divide line 25 by 100.	75	5	79	Numeric "NN.NN"
31	Form area	6	–	80	Conventional form, size/style
32	Line 27. Reduction amount.	73	7	79	Numeric "NNNN.NN"
33-37	Form area	6	–	80	Conventional form, size/style
38	Line 28. Young Child Tax Credit	65	12	76	Numeric
39-41	Form area	6	–	80	Conventional form, size/style
42	Line 29. CA Exemption Credit Percentage from Form 540NR, line 38.	53	6	58	Numeric "N.NNNN"
43	Form area	6	–	80	Conventional form, size/style
44	Line 30. Part-year Resident YCTC	65	12	76	Numeric
45-49	Form area	6	-	80	Conventional form, size/style
50	Line 31. a. Primary Taxpayer: My name is the first name listed on this return	53	1	53	Upper X=marked check box Blank=unmarked check box
51	Blank Line	-	-	-	-
52	Line 31. b. Spouse/RDP: My name is listed as the spouse/RDP on this joint return	53	1	53	Upper X=marked check box Blank=unmarked check box
53-54	Form area 6	-	80	–	Conventional form, size/style
55	Line 32. a. Primary Taxpayer. First Name	37	19	55	Alpha
55	Line 32. a. Spouse/RDP. First Name	61	19	79	Alpha
56	Blank Line	-	-	-	-

GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514

Absolute Positioning Form 3514 Specifications (Side 3)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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 FieldDescription 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
57	Line 31. b. Primary Taxpayer. Last Name	37	19	55	Alpha
57	Line 31. b. Spouse/RDP. Last Name	61	19	79	Alpha
58-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 3514	–	–	–	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, "8463234"

GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514

Absolute Positioning Form 3514 Specifications (Side 4)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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 FieldDescription 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
12-59	Form area with absolute position data fields	-	-	-	Conventional form size/style with absolute position data fields
12	Line 33. a. Primary Taxpayer. Eligibility for the FYTC	53	1	53	Upper X=marked check box Blank=unmarked check box
13-17	Form area	6	-	80	Conventional form, size/style
18	Line 33. b. Spouse/RDP. Eligibility for the FYTC	53	1	53	Upper X=marked check box Blank=unmarked check box
19-22	Form area	6	-	80	Conventional form, size/style
23	Line 34. California Earned Income	65	12	76	Numeric
24	Blank Line	-	-	-	-
25	Line 35. Available Foster Youth Tax Credit	65	12	76	Numeric
26-35	Form area	6	-	80	Conventional form, size/style
36	Line 36. Excess Earned Income	65	12	76	Numeric
37	Blank Line	-	-	-	-
38	Line 37. Divide line 36 by 100	75	5	79	Numeric "NN.NN"
39	Blank Line	-	-	-	-
40	Line 38. Reduction amount	73	7	79	Numeric "NNNN.NN"
41-52	Form area	6	-	80	Conventional form, size/style
53	Line 39. Foster Youth Tax Credit	65	12	76	Numeric
54-56	Form area	6	-	80	Conventional form, size/style
57	Line 40. CA Exemption Credit Percentage	53	6	58	Numeric "N.NNNN"
58	Blank Line	-	-	-	-
59	Line 41. Part-Year Resident FYTC	65	12	76	Numeric
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 3514	-	-	-	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, "8464234"

GUIDELINES FOR ABSOLUTE POSITIONING FORM 5805

Absolute Positioning Forms FTB 5805 Specifications (Side 1)

Definitions ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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 4/15	17	15	31	Numeric
47	Line 3. Actual amounts withheld 6/15	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, "7671234" (Side 1)

Absolute Positioning Forms FTB 5805 Specifications (Side 2)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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	

<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>
1-3	Blank lines	–	–	–	–
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-48	Form area	6	–	80	Conventional form size/style
49	Line 13. PENALTY	63	15	77	Numeric
50-62	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, "7672234" (Side 2)

GUIDELINES FOR ABSOLUTE POSITIONING FORM 5805

Absolute Positioning Forms FTB 5805 Specifications (Side 3)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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	

<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>
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	Bottom Registration Mark, Anchor Mark, and conventional form	–	–	–	–
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "7673234" (Side 3)

Absolute Positioning Forms FTB 5805 Specifications (Side 4)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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	

<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>
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: 1/1/23 to 3/31/23	11	15	25	Numeric
46	Line 23. (b) Underpayment and penalty: 1/1/23 to 5/31/23	29	15	43	Numeric
46	Line 23. (c) Underpayment and penalty: 1/1/23 to 8/31/23	47	15	61	Numeric
46	Line 23. (d) Underpayment and penalty: 1/1/23 to 12/31/23	65	15	79	Numeric
47-62	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, "7674234" (Side 4)

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 1)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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	9	14	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	“Schedule” and “Underline”	69	12	80	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 “CA (540)” Area	70	10	79	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 “CA (540)” Area	70	10	79	Conventional form size/style
6	Bold Line	6	–	80	Conventional form size/style
7-8	Form area	6	–	80	Conventional form size/style
9-59	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
9	Taxpayer’s Name	6	59	64	Alpha
9	Taxpayer’s SSN or ITIN	66	11	76	Numeric
10-12	Form area	6	–	80	Conventional form size/style
13	1aA. Total amount from federal form(s) w-2, box 1 – Federal Amounts	37	12	48	Numeric
13	1aB. Total amount from federal form(s) w-2, box 1 – Subtractions	52	13	64	Numeric
13	1aC. Total amount from federal form(s) w-2, box 1 – Additions	68	13	80	Numeric
14	Form area	6	–	80	Conventional form size/style
15	1bA. Household employee wages not reported on federal Form(s) W-2 – Federal Amounts	37	12	48	Numeric
15	1bB. Household employee wages not reported on federal Form(s) W-2 – Subtractions	52	13	64	Numeric
15	1bC. Household employee wages not reported on federal Form(s) W-2 – Additions	68	13	80	Numeric
16	Form area	6	–	80	Conventional form size/style
17	1cA. Tip income not reported on line 1a – Federal Amounts	37	12	48	Numeric
17	1cB. Tip income not reported on line 1a – Subtractions	52	13	64	Numeric
17	1cC. Tip income not reported on line 1a – Additions	68	13	80	Numeric
18	Form area	6	–	80	Conventional form size/style
19	1dA. Medicaid waiver payments not reported on federal Form(s) W-2. – Federal Amounts	37	12	48	Numeric
19	1dB. Medicaid waiver payments not reported on federal Form(s) W-2. – Subtractions	52	13	64	Numeric

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 1)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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
19	1dC. Medicaid waiver payments not reported on federal Form(s) W-2 – Additions	68	13	80	Numeric
20	Form area	6	–	80	Conventional form size/style
21	1eA. Taxable dependent care benefits from federal Form 2441, line 26 – Federal Amounts	37	12	48	Numeric
21	1eB. Taxable dependent care benefits from federal Form 2441, line 26 – Subtractions	52	13	64	Numeric
21	1eC. Taxable dependent care benefits from federal Form 2441, line 26 – Additions	68	13	80	Numeric
22	Form area	6	–	80	Conventional form size/style
23	1fA. Employer-provided adoption benefits from federal Form 8839 – Federal Amounts	37	12	48	Numeric
23	1fB. Employer-provided adoption benefits from federal Form 8839 – Subtractions	52	13	64	Numeric
23	1fC. Employer-provided adoption benefits from federal Form 8839 – Additions	68	13	80	Numeric
24	Form area	6	–	80	Conventional form size/style
25	1gA. Wages from federal Form 8919, line 6 – Federal Amounts	37	12	48	Numeric
25	1gB. Wages from federal Form 8919, line 6 – Subtractions	52	13	64	Numeric
25	1gC. Wages from federal Form 8919, line 6 – Additions	68	13	80	Numeric
26	Form area	6	–	80	Conventional form size/style
27	1hA. Other earned income – Federal Amounts	37	12	48	Numeric
27	1hB. Other earned income – Subtractions	52	13	64	Numeric
27	1hC. Other earned income – Additions	68	13	80	Numeric
28	Form area	6	–	80	Conventional form size/style
29	1iA. Nontaxable combat pay election – Federal Amounts	37	12	48	DO NOT USE
29	1iB. Nontaxable combat pay election – Subtractions	52	13	64	DO NOT USE
29	1iC. Nontaxable combat pay election – Additions	68	13	80	Numeric
30	Form area	6	–	80	Conventional form size/style
31	1zA. Add line 1a through line 1i – Federal Amounts	37	12	48	Numeric
31	1zB. Add line 1a through line 1i – Subtractions	52	13	64	Numeric
31	1zC. Add line 1a through line 1i – Additions	68	13	80	Numeric
32	Form area	6	–	80	Conventional form size/style
33	2a. Taxable interest	20	11	30	Numeric
33	2bA. Taxable interest – Federal Amounts	37	12	48	Numeric
33	2bB. Taxable interest – Subtractions	52	13	64	Numeric
33	2bC. Taxable interest – Additions	68	13	80	Numeric

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 1)

Definitions ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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
34	Form area	6	–	80	Conventional form size/style
35	3a. Ordinary dividends	20	11	30	Numeric
35	3bA. Ordinary dividends – Federal Amounts	37	12	48	Numeric
35	3bB. Ordinary dividends – Subtractions	52	13	64	Numeric
35	3bC. Ordinary dividends – Additions	68	13	80	Numeric
36	Form area	6	–	80	Conventional form size/style
37	4a. IRA distributions	20	11	30	Numeric
37	4bA. IRA distributions – Federal Amounts	37	12	48	Numeric
37	4bB. IRA distributions – Subtractions	52	13	64	Numeric
37	4bC. IRA distributions – Additions	68	13	80	Numeric
38-39	Form area	6	–	80	Conventional form size/style
40	5a. Pensions and annuities	20	11	30	Numeric
40	5bA. Pensions and annuities – Federal Amounts	37	12	48	Numeric
40	5bB. Pensions and annuities – Subtractions	52	13	64	Numeric
40	5bC. Pensions and annuities – Additions	68	13	80	Numeric
41	Form area	6	–	80	Conventional form size/style
42	6a. Social security benefits	20	11	30	Numeric
42	6bA. Social security benefits – Federal Amounts	37	12	48	Numeric
42	6bB. Social security benefits – Subtractions	52	13	64	Numeric
42	6bC. Social security benefits – Additions	68	13	80	DO NOT USE
43	Form area	6	–	80	Conventional form size/style
44	7A. Capital gain or (loss) – Federal Amounts	37	12	48	Numeric
44	7B. Capital gain or (loss) – Subtractions	52	13	64	Numeric
44	7C. Capital gain or (loss) – Additions	68	13	80	Numeric
45-46	Form area	6	–	80	Conventional form size/style
47	1A. Taxable refunds, credits, or offsets of state and local income taxes – Federal Amounts	37	12	48	Numeric
47	1B. Taxable refunds, credits, or offsets of state and local income taxes – Subtractions	52	13	64	Numeric
47	1C. Taxable refunds, credits, or offsets of state and local income taxes – Additions	68	13	80	DO NOT USE
48	Form area	6	–	80	Conventional form, size/style
49	2aA. Alimony received – Federal Amounts	37	12	48	Numeric
49	2aB. Alimony received – Subtractions	52	13	64	DO NOT USE
49	2aC. Alimony received – Additions	68	13	80	Numeric
50	Form area	6	–	80	Conventional form size/style
51	3A. Business income or (loss) – Federal Amounts	37	12	48	Numeric
51	3B. Business income or (loss) – Subtractions	52	13	64	Numeric
51	3C. Business income or (loss) – Additions	68	13	80	Numeric

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 1)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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	Form area	6	–	80	Conventional form size/style
53	4A. Other gains or (losses) – Federal Amounts	37	12	48	Numeric
53	4B. Other gains or (losses) – Subtractions	52	13	64	Numeric
53	4C. Other gains or (losses) – Additions	68	13	80	Numeric
54	Form area	6	–	80	Conventional form size/style
55	5A. Rental real estate, royalties, partnerships, S corporations, trusts, etc. – Federal Amounts	37	12	48	Numeric
55	5B. Rental real estate, royalties, partnerships, S corporations, trusts, etc. – Subtractions	52	13	64	Numeric
55	5C. Rental real estate, royalties, partnerships, S corporations, trusts, etc. – Additions	68	13	80	Numeric
56	Form area	6	–	80	Conventional form size/style
57	6A. Farm income or (loss) – Federal Amounts	37	12	48	Numeric
57	6B. Farm income or (loss) – Subtractions	52	13	64	Numeric
57	6C. Farm income or (loss) – Additions	68	13	80	Numeric
58	Form area	6	–	80	Conventional form size/style
59	7A. Unemployment compensation – Federal Amounts	37	12	48	Numeric
59	7B. Unemployment compensation – Subtractions	52	13	64	Numeric
59	7C. Unemployment compensation – Additions	68	13	80	DO NOT USE
60-61	Blank Lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Schedule Ca 540	–	–	–	End of bottom registration mark, anchor
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc ID (mandatory)	40	7	46	Numeric "7731234"

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 2)

Definitions ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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	Blank lines	–	–	–	–
7-9	Form area	6	–	80	Conventional form, size/style
10-55	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
10	8aA. Other Income: Federal net operating loss – Federal Amounts	37	12	48	Alphanumeric. no punctuation, no symbols other than “()” or “-.”
10	8aB. Other Income: Federal net operating loss – Subtractions	52	13	64	DO NOT USE
10	8aC. Other Income: Federal net operating loss – Additions	68	13	80	Numeric
11	Form area	6	–	80	Conventional form, size/style
12	8bA. Other Income: Gambling – Federal Amounts	37	12	48	Numeric
12	8bB. Other Income: Gambling – Subtractions	52	13	64	Numeric
12	8bC. Other Income: Gambling – Additions	68	13	80	DO NOT USE
13	Form area	6	–	80	Conventional form, size/style
14	8cA. Other Income: Cancellation of debt – Federal Amounts	37	12	48	Numeric
14	8cB. Other Income: Cancellation of debt – Subtractions	52	13	64	Numeric
14	8cC. Other Income: Cancellation of debt – Additions	68	13	80	Numeric
15	Form area	6	–	80	Conventional form, size/style
16	8dA. Other Income: Foreign earned income exclusion from federal Form 2555 – Federal Amounts	37	12	48	Alphanumeric. no punctuation, no symbols other than “()” or “-.”
16	8dB. Other Income: Foreign earned income exclusion from federal Form 2555 – Subtractions	52	13	64	DO NOT USE
16	8dC. Other Income: Foreign earned income exclusion from federal Form 2555 – Additions	68	13	80	Numeric
17	Form area	6	–	80	Conventional form, size/style
18	8eA. Other Income: Income from federal Form 8853 – Federal Amounts	37	12	48	Numeric
18	8eB. Other Income: Income from federal Form 8853 – Subtractions	52	13	64	DO NOT USE
18	8eC. Other Income: Income from federal Form 8853 – Additions	68	13	80	Numeric
19	Form area	6	–	80	Conventional form, size/style
20	8fA. Other Income: Income from federal Form 8889 – Federal Amounts	37	12	48	Numeric
20	8fB. Other Income: Income from federal Form 8889 – Subtractions	52	13	64	Numeric
20	8fC. Other Income: Income from federal Form 8889 – Additions	68	13	80	DO NOT USE
21	Form area	6	–	80	Conventional form, size/style

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 2)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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
22	8gA. Other Income: Alaska Permanent Fund dividends – Federal Amounts	37	12	48	Numeric
22	8gB. Other Income: Alaska Permanent Fund dividends – Subtractions	52	13	64	DO NOT USE
22	8gC. Other Income: Alaska Permanent Fund dividends – Additions	68	13	80	DO NOT USE
23	Form area	6	–	80	Conventional form, size/style
24	8hA. Other Income: Jury duty pay – Federal Amounts	37	12	48	Numeric
24	8hB. Other Income: Jury duty pay – Subtractions	52	13	64	DO NOT USE
24	8hC. Other Income: Jury duty pay – Additions	68	13	80	DO NOT USE
25	Form area	62	15	76	Conventional form size/style
26	8iA. Other Income: Prizes and awards – Federal Amounts	37	12	48	Numeric
26	8iB. Other Income: Prizes and awards – Subtractions	52	13	64	DO NOT USE
26	8iC. Other Income: Prizes and awards – Additions	68	13	80	DO NOT USE
27	Form area	48	1	48	Conventional form size/style
28	8jA. Other Income: Activity not engaged in for profit income – Federal Amounts	37	12	48	Numeric
28	8jB. Other Income: Activity not engaged in for profit income – Subtractions	52	13	64	DO NOT USE
28	8jC. Other Income: Activity not engaged in for profit income – Additions	68	13	80	DO NOT USE
29	Form area	–	–	–	Conventional form size/style
30	8kA. Other Income: Stock Options – Federal Amounts	37	12	48	Numeric
30	8kB. Other Income: Stock Options – Subtractions	52	13	64	DO NOT USE
30	8kC. Other Income: Stock Options – Additions	68	13	80	Numeric
31-32	Form area	–	–	–	Conventional form size/style
33	8lA. Other Income: Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property – Federal Amounts	37	12	48	Numeric
33	8lB. Other Income: Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property – Subtractions	52	13	64	DO NOT USE
33	8lC. Other Income: Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property – Additions	68	13	80	DO NOT USE
34	Form area				Conventional form size/style

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 2)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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
35	8mA. Other Income: Olympic and Paralympic medals and USOC prize money – Federal Amounts	37	12	48	Numeric
35	8mB. Other Income: Olympic and Paralympic medals and USOC prize money – Subtractions	52	13	64	DO NOT USE
35	8mC. Other Income: Olympic and Paralympic medals and USOC prize money – Additions	68	13	80	DO NOT USE
36	Form area				Conventional form size/style
37	8nA. Other Income: IRC Section 951(a) inclusion – Federal Amounts	37	12	48	Numeric
37	8nB. Other Income: IRC Section 951(a) inclusion – Subtractions	52	13	64	Numeric
37	8nC. Other Income: IRC Section 951(a) inclusion – Additions	68	13	80	DO NOT USE
38	Form area	6	–	80	Conventional form, size/style
39	8oA. Other Income: IRC Section 951A(a) inclusion – Federal Amounts	37	12	48	Numeric
39	8oB. Other Income: IRC Section 951A(a) inclusion – Subtractions	52	13	64	Numeric
39	8oC. Other Income: IRC Section 951A(a) inclusion – Additions	68	13	80	DO NOT USE
40	Form area	6	–	80	Conventional form, size/style
41	8pA. Other Income: IRC Section 461(l) excess business loss adjustment – Federal Amounts	37	12	48	Numeric
41	8pB. Other Income: IRC Section 461(l) excess business loss adjustment – Subtractions	52	13	64	Numeric
41	8pC. Other Income: IRC Section 461(l) excess business loss adjustment – Additions	68	13	80	Numeric
42	Form area	6	–	80	Conventional form, size/style
43	8qA. Other Income: Taxable distributions from an ABLE account – Federal Amounts	37	12	48	Numeric
43	8qB. Other Income: Taxable distributions from an ABLE account – Subtractions	52	13	64	DO NOT USE
43	8qC. Other Income: Taxable distributions from an ABLE account – Additions	68	13	80	DO NOT USE
44	Form area	6	–	80	Conventional form, size/style
45	8rA. Other Income: Scholarship and fellowship grants not reported on federal Form(s) W-2 – Federal Amounts	37	12	48	Numeric
45	8rB. Other Income: Scholarship and fellowship grants not reported on federal Form(s) W-2 – Subtractions	52	13	64	DO NOT USE
45	8rC. Other Income: Scholarship and fellowship grants not reported on federal Form(s) W-2 – Additions	68	13	80	DO NOT USE
46	Form area	6	–	80	Conventional form, size/style

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 2)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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
47	8sA. Other Income: Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d – Federal Amounts	37	12	48	Alphanumeric. no punctuation, no symbols other than “()” or “-”
47	8sB. Other Income: Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d – Subtractions	52	13	64	DO NOT USE
47	8sC. Other Income: Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d – Additions	68	13	80	DO NOT USE
48-49	Form area	6	–	80	Conventional form, size/style
50	8tA. Other Income: Pension or annuity from a non-qualified deferred compensation plan or a nongovernmental IRC Section 457 plan – Federal Amounts	37	12	48	Numeric
50	8tB. Other Income: Pension or annuity from a non-qualified deferred compensation plan or a nongovernmental IRC Section 457 plan – Subtractions	52	13	64	DO NOT USE
50	8tC. Other Income: Pension or annuity from a non-qualified deferred compensation plan or a nongovernmental IRC Section 457 plan – Additions	68	13	80	DO NOT USE
51	Form area	6	–	80	Conventional form, size/style
52	8uA. Other Income: Wages earned while incarcerated – Federal Amounts	37	12	48	Numeric
52	8uB. Other Income: Wages earned while incarcerated – Subtractions	52	13	64	DO NOT USE
52	8uC. Other Income: Wages earned while incarcerated – Additions	68	13	80	DO NOT USE
53-54	Form area	6	–	80	Conventional form, size/style
55	8z. Other income “Write In”	10	20	29	Alphanumeric
55	8zA. Other income – Federal Amounts	37	12	48	Numeric
55	8zB. Other Income – Subtractions	52	13	64	Numeric
55	8zC. Other Income – Additions	68	13	80	Numeric
56-61	Blank Lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Schedule Ca 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 “7732234”

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 3)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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	Blank lines	–	–	–	–
7-9	Form area	6	–	80	Conventional form, size/style
10-54	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
10	9aA. Total other income. Add lines 8a through 8z – Federal Amounts	37	12	48	Numeric
10	9aB. Total other income. Add lines 8a through 8z – Subtractions	52	13	64	Numeric
10	9aC. Total other income. Add lines 8a through 8z – Additions	68	13	80	Numeric
11	Form area	6	–	80	Conventional form, size/style
12	9b1A. Disaster loss deduction from form FTB 3805V – Federal Amounts	37	12	48	DO NOT USE
12	9b1B. Disaster loss deduction from form FTB 3805V – Subtractions	52	13	64	Numeric
12	9b1C. Disaster loss deduction from form FTB 3805V – Additions	68	13	80	DO NOT USE
13	Form area	6	–	80	Conventional form, size/style
14	9b2A. NOL deduction from form FTB 3805V – Federal Amounts	37	12	48	DO NOT USE
14	9b2B. NOL deduction from form FTB 3805V – Subtractions	52	13	64	Numeric
14	9b2C. NOL deduction from form FTB 3805V – Additions	68	13	80	DO NOT USE
15	Form area	6	–	80	Conventional form, size/style
16	9b3A. NOL from form FTB 3805Z, 3807, or 3809 – Federal Amounts	37	12	48	DO NOT USE
16	9b3B. NOL from form FTB 3805Z, 3807, or 3809 – Subtractions	52	13	64	Numeric
16	9b3C. NOL from form FTB 3805Z, 3807, or 3809 – Additions	68	13	80	DO NOT USE
17-20	Form area	6	–	80	Conventional form, size/style
21	10A. Total – Federal Amounts	37	12	48	Numeric
21	10B. Total – Subtractions	52	13	64	Numeric
21	10C. Total – Additions	68	13	80	Numeric
22-25	Form area	6	–	80	Conventional form, size/style
26	11A. Educator expenses – Federal Amounts	37	12	48	Numeric
26	11B. Educator expenses – Subtractions	52	13	64	Numeric
26	11C. Educator expenses – Additions	68	13	80	DO NOT USE
27	Form area	6	–	80	Conventional form, size/style
28	12A. Certain business expenses of reservists, performing artists, and fee-basis government officials – Federal Amounts	37	12	48	Numeric

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 3)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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
28	12B. Certain business expenses of reservists, performing artists, and fee-basis government officials – Subtractions	52	13	64	Numeric
28	12C. Certain business expenses of reservists, performing artists, and fee-basis government officials – Additions	68	13	80	Numeric
29	Form area	6	–	80	Conventional form, size/style
30	13A. Health savings account deduction – Federal Amounts	37	12	48	Numeric
30	13B. Health savings account deduction – Subtractions	52	13	64	Numeric
30	13C. Health savings account deduction – Additions	68	13	80	DO NOT USE
31	Form area	6	–	80	Conventional form, size/style
32	14A. Moving expenses – Federal Amounts	37	12	48	Numeric
32	14B. Moving expenses – Subtractions	52	13	64	DO NOT USE
32	14C. Moving expenses – Additions	68	13	80	Numeric
33	Form area	6	–	80	Conventional form, size/style
34	15A. Deductible part of self-employment tax – Federal Amounts	37	12	48	Numeric
34	15B. Deductible part of self-employment tax – Subtractions	52	13	64	Numeric
34	15C. Deductible part of self-employment tax – Additions	68	13	80	DO NOT USE
35	Form area	6	–	80	Conventional form, size/style
36	16A. Self-employed SEP, SIMPLE, and qualified plans – Federal Amounts	37	12	48	Numeric
36	16B. Self-employed SEP, SIMPLE, and qualified plans – Subtractions	52	13	64	DO NOT USE
36	16C. Self-employed SEP, SIMPLE, and qualified plans – Additions	68	13	80	DO NOT USE
37	Form area	6	–	80	Conventional form, size/style
38	17A. Self-employed health insurance deduction – Federal Amounts	37	12	48	Numeric
38	17B. Self-employed health insurance deduction – Subtractions	52	13	64	Numeric
38	17C. Self-employed health insurance deduction – Additions	68	13	80	DO NOT USE
39	Form area	6	–	80	Conventional form, size/style
40	18A. Penalty on early withdrawal of savings – Federal Amounts	37	12	48	Numeric
40	18B. Penalty on early withdrawal of savings – Subtractions	52	13	64	DO NOT USE
40	18C. Penalty on early withdrawal of savings – Additions	68	13	80	DO NOT USE
41	Form area	6	–	80	Conventional form, size/style

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 3)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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	19aA. Alimony paid – Federal Amounts	37	12	48	Numeric
42	19aB. Alimony paid – Subtractions	52	13	64	DO NOT USE
42	19aC. Alimony paid – Federal Amounts	68	13	80	Numeric
43	Form area	6	–	80	Conventional form, size/style
44	19b. Alimony Recipient's: SSN – Federal Amounts	20	11	30	Numeric
45	Form area	6	–	80	Conventional form, size/style
46	19b. Alimony Recipient Last Name	18	15	32	Alpha
47	Form area	6	–	80	Conventional form, size/style
48	20A. IRA deduction – Federal Amounts	37	12	48	Numeric
48	20B. IRA deduction – Subtractions	52	13	64	Numeric
48	20C. IRA deduction – Additions	68	13	80	Numeric
49	Form area	6	–	80	Conventional form, size/style
50	21A. Student loan interest deduction – Federal Amounts	37	12	48	Numeric
50	21B. Student loan interest deduction – Subtractions	52	13	64	DO NOT USE
50	21C. Student loan interest deduction – Additions	68	12	80	Numeric
51-53	Form area	6	–	80	Conventional form, size/style
54	23A. Archer MSA deduction – Federal Amounts	37	12	48	Numeric
54	23B. Archer MSA deduction – Subtractions	52	13	64	DO NOT USE
54	23C. Archer MSA deduction – Additions	68	13	80	DO NOT USE
55-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Schedule Ca 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 "7733234"

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 4)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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	Blank lines	–	–	–	–
7-9	Form area	6	–	80	Conventional form size/style
10-42	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
10	24aA. Other adjustments: Jury duty pay – Federal Amounts	39	11	49	Numeric
10	24aB. Other adjustments: Jury duty pay – Subtractions	54	11	64	DO NOT USE
10	24aC. Other adjustments: Jury duty pay – Additions	69	12	80	DO NOT USE
11-12	Form area	6	–	80	Conventional form, size/style
13	24bA. Other adjustments: Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit – Federal Amounts	39	11	49	Numeric
13	24bB. Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit – Subtractions	54	11	64	Numeric
13	24bC. Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit – Additions	69	12	80	Numeric
14-15	Form area	6	–	80	Conventional form, size/style
16	24cA. Other adjustments: Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m – Federal Amounts	39	11	49	Numeric
16	24cB. Other adjustments: Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m – Subtractions	54	11	64	Numeric
16	24cC. Other adjustments: Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m – Additions	69	12	80	DO NOT USE
17	Form area	6	–	80	Conventional form, size/style
18	24dA. Other adjustments: Reforestation amortization and expenses – Federal Amounts	39	11	49	Numeric
18	24dB. Other adjustments: Reforestation amortization and expenses – Subtractions	54	11	64	Numeric
18	24eC. Other adjustments: Reforestation amortization and expenses – Additions	69	12	80	DO NOT USE
19	Form area	6	–	80	Conventional form, size/style
20	24eA. Other adjustments: Repayment of supplemental unemployment benefits – Federal Amounts	39	11	49	Numeric

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 4)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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
20	24eB. Other adjustments: Repayment of supplemental unemployment benefits – Subtractions	54	11	64	DO NOT USE
20	24eC. Other adjustments: Repayment of supplemental unemployment benefits – Additions	69	12	80	DO NOT USE
21	Form area	6	–	80	Conventional form, size/style
22	24fA. Other adjustments: Contributions to IRC Section 501(c)(18)(D) pension plans – Federal Amounts	39	11	49	Numeric
22	24fB. Other adjustments: Contributions to IRC Section 501(c)(18)(D) pension plans – Subtractions	54	11	64	Numeric
22	24fC. Other adjustments: Contributions to IRC Section 501(c)(18)(D) pension plans – Additions	69	12	80	Numeric
23	Form area	6	–	80	Conventional form, size/style
24	24gA. Other adjustments: Contributions by certain chaplains to IRC Section 403(b) plans – Federal Amounts	39	11	49	Numeric
24	24gB. Other adjustments: Contributions by certain chaplains to IRC Section 403(b) plans – Subtractions	54	11	64	Numeric
24	24gC. Other adjustments: Contributions by certain chaplains to IRC Section 403(b) plans – Additions	69	12	80	Numeric
25	Form area	6	–	80	Conventional form, size/style
26	26hA. Other adjustments: Attorney fees and court costs for actions involving certain unlawful discrimination claims – Federal Amounts	39	11	49	Numeric
26	24hB. Other adjustments: Attorney fees and court costs for actions involving certain unlawful discrimination claims – Subtractions	54	11	64	DO NOT USE
26	24hC. Other adjustments: Attorney fees and court costs for actions involving certain unlawful discrimination claims – Additions	69	12	80	DO NOT USE
27-28	Form area	6	–	80	Conventional form, size/style
29	24iA. Other adjustments: Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations – Federal Amounts	39	11	49	Numeric
29	24iB. Other adjustments: Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations – Subtractions	54	11	64	Numeric
29	24iC. Other adjustments: Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations – Additions	69	12	80	DO NOT USE

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 4)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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
30	Form area	6	–	80	Conventional form, size/style
31	24jA. Other adjustments: Housing deduction from federal Form 2555 – Federal Amounts	39	11	49	Numeric
31	24jB. Other adjustments: Housing deduction from federal Form 2555 – Subtractions	54	11	64	Numeric
31	24jC. Other adjustments: Housing deduction from federal Form 2555 – Additions	69	12	80	DO NOT USE
32	Form area	6	–	80	Conventional form, size/style
33	24kA. Other adjustments: Excess deductions – Federal Amounts	39	11	49	Numeric
33	24kB. Other adjustments: Excess deductions – Subtractions	54	11	64	DO NOT USE
33	24kC. Other adjustments: Excess deductions – Additions	69	12	80	DO NOT USE
34-35	Form area	6	–	80	Conventional form, size/style
36	24z. Other adjustments: Other adjustments “Write in”	11	22	32	Alphanumeric
36	24zA. Other adjustments: Other adjustments – Federal Amounts	39	11	49	Numeric
36	24zB. Other adjustments: Other adjustments – Subtractions	54	11	64	Numeric
36	24zC. Other adjustments: Other adjustments – Additions	69	12	80	Numeric
37	Form area	6	–	80	Conventional form, size/style
38	25A. Total other adjustments – Federal Amounts	39	11	49	Numeric
38	25B. Total other adjustments – Subtractions	54	11	64	Numeric
38	25C. Total other adjustments – Additions	69	12	80	Numeric
39	Form area	6	–	80	Conventional form, size/style
40	26A. Add line 11 through line 23 and line 25 in columns A, B, and C – Federal Amounts	39	11	49	Numeric
40	26B. Add line 11 through line 23 and line 25 in columns A, B, and C – Subtractions	54	11	64	Numeric
40	26C. Add line 11 through line 23 and line 25 in columns A, B, and C – Additions	69	12	80	Numeric
41	Form area	6	–	80	Conventional form, size/style
42	27A. Total – Federal Amounts	39	11	49	Numeric
42	27B. Total – Subtractions	54	11	64	Numeric
42	27C. Total – Additions	69	12	80	Numeric
43-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Schedule Ca 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 “7734234”

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 5)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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	Blank lines	–	–	–	–
7-8	Form area	6	–	80	Conventional form size/style
9-55	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
9	Check the box if you did NOT itemize for federal but will itemize for California	52	1	52	Upper X = checked box Blank = unmarked check box
10-14	Form area	6	–	80	Conventional form size/style
15	1. Medical and dental expenses "Write in"	22	11	32	Numeric
16-17	Form area	6	–	80	Conventional form size/style
18	2. Enter amount from federal Form 1040 or 1040-SR, line 11 "Write in"	22	11	32	Numeric
19	Form area	6	–	80	Conventional form size/style
20	3. Multiply line 2 by 7.5% (0.075) "Write in"	22	11	32	Numeric
21	Form area	6	–	80	Conventional form size/style
22	4A. Subtract line 3 from line 1. – Federal Amounts	39	11	49	Numeric
22	4B. Subtract line 3 from line 1. – Subtractions	54	11	64	DO NOT USE
22	4C. Subtract line 3 from line 1. – Additions	69	12	80	Numeric
23	Form area	6	–	80	Conventional form size/style
24	5aA. State and local income tax or general sales taxes – Federal Amounts	39	11	49	Numeric
24	5aB. State and local income tax or general sales taxes – Subtractions	54	11	64	Numeric
24	5aC. State and local income tax or general sales taxes – Additions	69	12	80	DO NOT USE
25	Form area	6	–	80	Conventional form size/style
26	5bA. State and local real estate taxes – Federal Amounts	39	11	49	Numeric
26	5bB. State and local real estate taxes – Subtractions	54	11	64	DO NOT USE
26	5bC. State and local real estate taxes – Additions	69	12	80	DO NOT USE
27	Form area	6	–	80	Conventional form size/style
28	5cA. State and local personal property taxes – Federal Amounts	39	11	49	Numeric
28	5cB. State and local personal property taxes – Subtractions	54	11	64	DO NOT USE
28	5cC. State and local personal property taxes – Additions	69	12	80	DO NOT USE
29	Form area	6	–	80	Conventional form size/style
30	5dA. Add line 5a through line 5c – Federal Amounts	39	11	49	Numeric
30	5dB. Add line 5a through line 5c – Subtractions	54	11	64	DO NOT USE

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 5)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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
30	5dC. Add line 5a through line 5c – Additions	69	12	80	DO NOT USE
31-35	Form area	6	–	80	Conventional form size/style
36	5eA. Enter the smaller of line 5d or \$10,000 – Federal Amounts	39	11	49	Numeric
36	5eB. Enter the smaller of line 5d or \$10,000 – Subtractions	54	11	64	Numeric
36	5eC. Enter the smaller of line 5d or \$10,000 – Additions	69	12	80	Numeric
37	Form area	6	–	80	Conventional form size/style
38	Other taxes “Write in”	22	11	32	Alphanumeric
38	6aA. Other taxes – Federal Amounts	39	11	49	Numeric
38	6aB. Other taxes – Subtractions	54	11	64	Numeric
38	6aC. Other taxes – Additions	69	12	80	Numeric
39	Form area	6	–	80	Conventional form size/style
40	7A. Add line 5e and line 6 – Federal Amounts	39	11	49	Numeric
40	7B. Add line 5e and line 6 – Subtractions	54	11	64	Numeric
40	7C. Add line 5e and line 6 – Additions	69	12	80	Numeric
41-42	Form area	6	–	80	Conventional form size/style
43	8aA. Home mortgage interest and points reported to you on federal Form 1098 – Federal Amounts	39	11	49	Numeric
43	8aB. Home mortgage interest and points reported to you on federal Form 1098 – Subtractions	54	11	64	DO NOT USE
43	8aC. Home mortgage interest and points reported to you on federal Form 1098 – Additions	69	12	80	Numeric
44	Form area	6	–	80	Conventional form size/style
45	8bA. Home mortgage interest not reported to you on federal Form 1098 – Federal Amounts	39	11	49	Numeric
45	8bB. Home mortgage interest not reported to you on federal Form 1098 – Subtractions	54	11	64	DO NOT USE
45	8bC. Home mortgage interest not reported to you on federal Form 1098 – Additions	69	12	80	Numeric
46	Form area	6	–	80	Conventional form size/style
47	8cA. Points not reported to you on federal Form 1098 – Federal Amounts	39	11	49	Numeric
47	8cB. Points not reported to you on federal Form 1098 – Subtractions	54	11	64	DO NOT USE
47	8cC. Points not reported to you on federal Form 1098 – Additions	69	12	80	Numeric
48-50	Form area	6	–	80	Conventional form size/style
51	8eA. Add line 8a through line 8c – Federal Amounts	39	11	49	Numeric
51	8eB. Add line 8a through line 8c – Subtractions	54	11	64	Numeric
51	8eC. Add line 8a through line 8c – Additions	69	12	80	Numeric

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 5)

Definitions	ALPHA = A-Z (MUST BE ALL CAPS)	Use Courier New 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	Form area	6	–	80	Conventional form size/style
53	9A. Investment interest – Federal Amounts	39	11	49	Numeric
53	9B. Investment interest – Subtractions	54	11	64	Numeric
53	9C. Investment interest – Additions	69	12	80	Numeric
54	Form area	6	–	80	Conventional form size/style
55	10A. Add line 8e and line 9 – Federal Amounts	39	11	49	Numeric
55	10B. Add line 8e and line 9 – Subtractions	54	11	64	Numeric
55	10C. Add line 8e and line 9 – Additions	69	12	80	Numeric
56	Form area	6	–	80	Conventional form size/style
57-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional Schedule Ca 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 "7735234"

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 6)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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	Blank lines	–	–	–	–
7-9	Form area	6	–	80	Conventional form size/style
10-60	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
10	11A. Gifts by cash or check – Federal Amounts	39	11	49	Numeric
10	11B. Gifts by cash or check – Subtractions	54	11	64	Numeric
10	11C. Gifts by cash or check – Additions	69	12	80	Numeric
11	Form area	6	–	80	Conventional form size/style
12	12A. Other than by cash or check – Federal Amounts	39	11	49	Numeric
12	12B. Other than by cash or check – Subtractions	54	11	64	Numeric
12	12C. Other than by cash or check – Additions	69	12	80	Numeric
13	Form area	6	–	80	Conventional form size/style
14	13A. Carryover from prior year – Federal Amounts	39	11	49	Numeric
14	13B. Carryover from prior year – Subtractions	54	11	64	Numeric
14	13C. Carryover from prior year – Additions	69	12	80	Numeric
15	Form area	6	–	80	Conventional form size/style
16	14A. Add line 11 through line 13 – Federal Amounts	39	11	49	Numeric
16	14B. Add line 11 through line 13 – Subtractions	54	11	64	Numeric
16	14C. Add line 11 through line 13 – Additions	69	12	80	Numeric
17-18	Form area	6	–	80	Conventional form size/style
19	15A. Casualty or theft loss(es) – Federal Amounts	39	11	49	Numeric
19	15B. Casualty or theft loss(es) – Subtractions	54	11	64	Numeric
19	15C. Casualty or theft loss(es) – Additions	69	12	80	Numeric
20-21	Form area	6	–	80	Conventional form size/style
22	16A. Other – Federal Amounts	39	11	49	Numeric
22	16B. Other – Subtractions	54	11	64	Numeric
22	16C. Other – Additions	69	12	80	Numeric
23	Form area	6	–	80	Conventional form size/style
24	17A. Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C – Federal Amounts	39	11	49	Numeric
24	17B. Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C – Subtractions	54	11	64	Numeric
24	17C. Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C – Additions	69	12	80	Numeric
25	Form area	6	–	80	Conventional form size/style
26	18. Total	69	11	79	Numeric

GUIDELINES FOR ABSOLUTE POSITIONING FORM SCHEDULE CA (540)

Absolute Positioning Form Schedule CA (540) Specifications (Side 6)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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
27-29	Form area	6	–	80	Conventional form size/style
30	19. Unreimbursed employee expenses	54	11	64	Numeric
31	Form area	6	–	80	Conventional form size/style
32	20. Tax preparation fees	54	11	64	Numeric
33	Form area	6	–	80	Conventional form size/style
34	21. Other expenses “Write in”	34	14	47	Alphanumeric
34	21. Other expenses	54	11	64	Numeric
35	Form area	6	–	80	Conventional form size/style
36	22. Add line 19 through line 21	54	11	64	Numeric
37	Form area	6	–	80	Conventional form size/style
38	23. Enter amount from federal Form 1040 or 1040-SR, line 11	34	11	44	Numeric
39	Form area	6	–	80	Conventional form size/style
40	24. Multiply line 23 by 2% (0.02). If less than zero, enter 0	54	11	64	Numeric
41	Form area	6	–	80	Conventional form size/style
42	25. Subtract line 24 from line 22	69	11	79	Numeric
43	Form area	6	–	80	Conventional form size/style
44	26. Total Itemized Deductions.	69	11	79	Numeric
45	Form area	6	–	80	Conventional form size/style
46	27. Other adjustments “Write in”	34	29	62	Alphanumeric
46	27. Other adjustments	69	11	79	Numeric
47	Form area	6	–	80	Conventional form size/style
48	28. Combine line 26 and line 27	69	11	79	Numeric
49-54	Form area	6	–	80	Conventional form size/style
55	29. California Itemized Deductions	69	11	79	Numeric
56-59	Form area	6	–	80	Conventional form size/style
60	30. Larger of California Itemized Deductions or Standard Deduction	69	11	79	Numeric
61	Form area	6	–	80	Conventional form size/style
62-63	Bottom Registration Mark, Anchor Mark, and conventional Schedule Ca 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 “7736234”

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 New 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 “2023”	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 “2023”	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, embedded spaces, “-”, “/”, “&”, no other 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

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
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 "8041234"

GUIDELINES FOR ABSOLUTE POSITIONING SCHEDULE X

Absolute Positioning Schedule X Specifications (Side 1)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier New 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	Tax Year Area	7	6	12	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
7-8	Form area	6	–	80	Conventional form size/style
9-46	Form area with absolute positioning data fields	–	–	–	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 New 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		80	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 1g. Error on original return	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 1h. Credit adjustment	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 1i. Earned income tax credit/Young child tax credit/ Foster youth tax credit	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
45	Line 1j. Disaster loss	41	1	41	Upper X = marked check box Blank = unmarked check box
46	Line 1e. FTB audit contact	13	1	13	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, “8531234”

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 New 12-point font, not bold, for taxpayer data (print lines 8–15) 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 “2023”	7	6	12	Conventional form size/style
5	Title of Form	15	37	51	Conventional form size/style
5	Form Identifier (100, 100S, 100W, or 100X) Area	70	9	78	Conventional form size/style
6	Taxable Year Area “2023”	7	6	12	Conventional form size/style
6	Title of Form	15	37	51	Conventional form size/style
6	Form Identifier (100, 100S, 100W, or 100X) 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	Corporation Number (mandatory)	8	12	19	Numeric, CA Corporation Number must be 7 or 12 digits. If not available, leave blank. Do not zero fill.
9	Entity Name Control (First Four Characters of Corporation’s Name) (mandatory)	22	4	25	Alphanumeric, no embedded spaces, no symbols or punctuation
9	Federal Employer Identification Number (FEIN) (if available)	28	10	37	Numeric, “–”, zero fill (e.g., “12-3456789” or “00-0000000”)
9	CA SOS File Number (if applicable)	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”).
9	Form Year Indicator (mandatory)	54	2	55	“23”
9	RP Area	76	5	80	Convention form size/style
9	RP Area RP Codes:	77	3	79	Alphanumeric only, Courier New 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

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 New 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 New 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 “2023”	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 “2023”	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	“23”
9	RP Area	76	5	80	Conventional form size/style
9	RP Area RP Codes:	77	3	79	Alphanumeric only, Courier New 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 New 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
12	Additional Information for Owner, Representative, or Attention name or supplemental address information	8	35	42	Alphanumeric, Embedded spaces, “/”; No other symbols or punctuation. If no owner/representative/attention name or supplemental address information, leave print line 12 blank.
13	Street Address (mandatory)	8	35	42	Alphanumeric, Embedded spaces, “-”, “/”; No other symbols or punctuation
13	STE, RM, FL, BLDG, and UN	45	5	49	Alpha, “STE, RM, FL, BLDG, or UN” Print only if there is a Number or Letter
13	STE, RM, FL, BLDG, and UN Number or Letter	51	5	55	Alphanumeric, no symbols
13	Private Mail Box (PMB)	58	3	60	“PMB” Print only if there is a Number or Letter.
13	Private Mail Box Number or Letter	62	6	67	Alphanumeric
14	City (mandatory)	8	17	24	Alphanumeric, Embedded spaces
14	State (mandatory) (Use Standard Abbreviations in this publication.)	27	2	28	Alpha. If foreign address, leave State field blank.
14	ZIP Code	31	10	40	Numeric, “-”. If foreign address, leave ZIP Code field blank.
15	If Foreign Country Name	8	19	26	Alphanumeric, Embedded spaces, or blank. 2-character Country Abbreviation may be used
15	If Foreign Province/State/County	29	17	45	Alphanumeric, Embedded spaces, or blank
15	If Foreign Postal Code	48	16	63	Alphanumeric, Embedded spaces, or blank
16	Blank Line	–	–	–	–
17	Accounting Method (mandatory)	8	10	17	“ACCTMETHOD”
17	Accounting Method (mandatory)	19	1	19	Numeric, “1” = “Cash”, “2” = “Accrual”, “3” = “Other” Attach explanation
17	Date Business Started in CA (mandatory)	22	10	31	Numeric, “-”, Enter “MM-DD-YYYY”
17	Total Assets At End of Year (mandatory)	34	6	39	“ASSETS”
17	Total Assets At End of Year (mandatory)	41	15	55	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – at print position 55. Do not use commas.
18	Initial Return (mandatory)	8	7	14	“INITIAL”
18	Initial Return Filed (mandatory)	16	1	16	Numeric, “0” = “No”, “1” = “Yes”
18	Final Return (mandatory)	19	5	23	“FINAL”
18	Final Return Filed (mandatory)	25	1	25	Numeric, “0” = “No”, “1” = “Yes”
18	Amended Return (mandatory)	28	7	34	“AMENDED”
18	Amended Return Filed (mandatory)	36	1	36	Numeric, “0” = “No”, “1” = “Yes”
18	Protective claim (mandatory)	39	10	48	“PROTECTIVE”
18	Protective claim Filed (mandatory)	50	1	50	Numeric, “0” = “No”, “1” = “Yes”
19	Blank Line	–	–	–	–
20–60	Form area	6	–	80	Conventional form, size/style
61	Blank Line	–	–	–	–

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 New 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 “2023”	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 “2023”	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 New 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	12	19	Numeric, CA Corporation Number must be 7 or 12 digits. If not available, leave blank. Do not zero fill.
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, “7871234” (Side 1), “7872234” (Side 2), and “7873234” (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 New 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 “2023”	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 “2023”	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 New 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 New 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).¹ (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 80.²
- 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 New 12-point font) in print positions 32, 33, and 34 on print line 63.

Document ID String

- Document ID (Courier New 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.

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

²If 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 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	“Form at bottom of page.”	30	29	58	Conventional form size/style
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-8	Blank line	–	–	–	–
9-21	“Payment information” 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
46	Payment Due Date	62	19	80	Conventional form size/style “File and Pay by April 15, 2024” “File and Pay by June 17, 2024” “File and Pay by Sept. 16, 2024” “File and Pay by Jan. 15, 2025”
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 “2024”	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 “2024”	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	“24”
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 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
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.** Do not use commas.
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, "1201246"

**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.

Scannable Form 540ES Record Layout
Note: Record Layout is Reduced

Grid-based form layout for Scannable Form 540ES. Includes sections for 'Payment information', 'Pay online', and 'Where to pay'. Contains fields for tax year (2024), title of form (540-ES), and various identification numbers. Includes a barcode at the bottom.

GUIDELINES FOR SCANNABLE FORM 541-ES

Scannable Form 541-ES 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 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
5-8	Blank line	–	–	–	–
9-21	“Payment form...” and box	12	62	73	Conventional form size/style
23-33	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	Payment Due Date	62	19	80	Conventional form size/style “File and Pay by April 15, 2024” “File and Pay by June 17, 2024” “File and Pay by Sept. 16, 2024” “File and Pay by Jan. 15, 2025”
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 “2024”	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 “2024”	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	“24”
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 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
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.** Do not use commas.
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, “1211246”

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

Scannable Form FTB 3519 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	“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 lines	–	–	–	–
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 (3519 (PIT)) 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 (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	“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 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 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
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. Do not use commas.
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, “1221236”

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

Grid-based form layout for FTB 3519 with rows 01-66 and columns 01-45. Includes sections for 'When to pay', 'Pay online', 'Where to pay', and a header section with fields for 'TAXABLE YEAR' (2023), 'Title of Form', and 'CALIFORNIA FORM 3519 (PIT)'. Includes a caution about electronic payment and a payment amount field.

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).
 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	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 3582 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 “3582 (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 “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	“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

GUIDELINES FOR SCANNABLE FORM FTB 3582

Scannable Form FTB 3582 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
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. Do not use commas.
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, "1251236"

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

Form grid with fields for 'When to pay', 'Pay online', 'Where to pay', and payment information. Includes sections for 'DETACH HERE', 'CAUTION', 'TAXABLE YEAR 2023', 'Title of Form', and 'CALIFORNIA FORM 3582 (e-file)'. Payment amount field shows 0000000000.

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
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 3843 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 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	–	–	–	–
6-7	“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 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 “2023”	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 “2023”	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	“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

GUIDELINES FOR SCANNABLE FORM FTB 3843

Scannable Form FTB 3843 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 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, 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. Do not use commas.
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, “1281236”

Scannable Form FTB 3843 Record Layout
Note: Record Layout is Reduced

Form grid with fields for: Voucher at bottom of page, If amount of payment is zero, do not mail this voucher., When to pay, Where to pay, TAXABLE YEAR 2023, Title of Form, CALIFORNIA FORM 3843 (e-file), FEIN, NAME OF ESTATE OR TRUST, NAME AND TITLE OF FIDUCIARY, ADDITIONAL INFORMATION, EXECUTOR, STREET ADDRESS, CITY, FOREIGN COUNTRY NAME, FOREIGN/P/S/C, POSTAL CODE, Amount of payment.

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

Business Entity Entry Instructions

- All taxpayer data must print in Courier New 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, 3586 and 3893**
 - Corporation number - Numeric, 7 or 12 digits, no preceding alpha character or dashes, spaces, or punctuation; includes leading zeros (e.g., "1234567" or "202212345678").
 - 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 "-").

GUIDELINES FOR BUSINESS ENTITY (BE) SCANNABLE PAYMENT FORMS

○ 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 (See *Business Entity Information Example 5*).

Note: Do not combine a United States address together with a foreign address.

○ 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 characters.

Business Entity Information Examples:

Example 1 Corporation:

202212345678 LPAN 44-1234567 200412345678 23 FORM 1
TYB 01-01-2023 TYE 12-31-2023
LP & T CONSULTING SERVICES INCORPORATED
B GANGLER
9646 BUTTERFIELD WY
RANCHO CORDOVA CA 95670-3720

(123) 456-7890

Example 2 Partnership:

99-7654321 LZ 199971234567 (123) 456-7890 23 FORM 0
TYB 01-01-2023 TYE 12-31-2023
L - Z

5800 SANTA ANITA AV STE 2
EL MONTE CA 92102-1230

Example 3 LLC:

200387654321 GRIM 95-8654321 (123) 456-7890 23 FORM 0
TYB 00-00-0000 TYE 00-00-0000
GRIMES LLC

4900 W CAMBRIDGE
ATLANTA GA 30303

Example 4 Exempt Organization:

7777888 LTPL 99-7777777 200412345678 23 FORM 0
TYB 01-01-2023 TYE 12-31-2023
THE LTP LLC
C VEGA
4545 BUTTERFLY LN PMB 16
SACRAMENTO CA 95823

(123) 456-7890

Example 5 Foreign Address Corporation:

202212345678 ALLE 98-7654321 199912345678 23 FORM 0
TYB 01-01-2023 TYE 12-31-2023
ALL ENGLAND ENTERTAINMENT

1963 ABBEY LANE
LONDON
UK NOTTING HILL W11 2BQ
(123) 987-6541

GUIDELINES FOR BUSINESS ENTITY (BE) SCANNABLE PAYMENT FORMS

Submitting BE Scannable Payment Forms 100-ES, FTB 3522, 3536, 3537, 3538, 3539, 3586, 3587, 3588 , and 3893 Approval Checklist

All taxpayer data (print lines 51-59) and CTP ID and Document ID (print line 63) are in Courier New 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, FTB 3586, and FTB 3893). A corporation number is seven or 12 digits (e.g., “1234567” or “202212345678”).
 - 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, FTB 3587, and FTB 3893. (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)]¹ (e.g., “TYB 02-01-2023” “TYE 01-31-2024”).
- Give an example of calendar year filer [Taxable Year Beginning (TYB) and Taxable Year Ending (TYE)] (e.g., “TYB 01-01-2023” “TYE 12-31-2023”).
- 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 80.²
- 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 New 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).

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

²If 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.

GUIDELINES FOR SCANNABLE FORM 100-ES

Scannable Form 100-ES Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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
51	Form Type Indicator (mandatory)	74	1	74	The type of return the entity will file: 100, 100W, or 100S = "1" 109 = "2" If more than one form/no form = "0"
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" only 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" only 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 100-ES Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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
59	"Total Payment Amt" (mandatory)	46	17	62	Print as: "Total Payment Amt"
59	Total Payment Amt	67	10	76	Numeric, whole dollars only, or blank. 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 100-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, "6101246"

Scannable Form FTB 3522 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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	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	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 “2024”	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 “2024”	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	“24”
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 New 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” only 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” only 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, “6111246”

Scannable Form FTB 3522 Record Layout
Note: Record Layout is Reduced

Grid-based form layout for FTB 3522 with rows 01-66 and columns 01-85. Includes sections for 'When to pay', 'Pay online', 'Where to pay', and 'Amount of Payment'. Contains alphanumeric data for tax year (2024), form number (3522), and various identification codes.

GUIDELINES FOR SCANNABLE FORM FTB 3536

Scannable Form FTB 3536 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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	–	–	–	–
6-7	“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	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 “2024”	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 “2024”	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	“24”
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 New 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" only 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" only 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, "6221246"

Scannable Form FTB 3537 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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	–	–	–	–
6-7	“Do not use...” 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	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 “3537 LLC” 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 “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	“23”
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 New 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” only 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” only 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, “6121236”

GUIDELINES FOR SCANNABLE FORM FTB 3538

Scannable Form FTB 3538 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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
5-8	Blank lines	–	–	–	–
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	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 “3538 (565)” 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 “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	“23”
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 New 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” only 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” only 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, “6211236”

Scannable Form FTB 3539 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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	–	–	–	–
6-7	“Do not file ...” 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 “3539” 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 “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	12	17	Numeric, CA Corporation Number must be 7 or 12 digits. If not available, leave blank. Do not zero fill.
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	“23”
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 New 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” only 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” only 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, “6141236”

Scannable Form FTB 3539 Record Layout
Note: Record Layout is Reduced

Form grid with fields for 'When to pay', 'Pay online', 'Where to pay', 'DETACH HERE', 'CAUTION: You may be required to pay electronically...', 'TAXABLE YEAR 2023', 'CALIFORNIA FORM 3539 (CORP)', 'CORPNO', 'ECL', 'FEIN', 'SOS', 'FORM X', 'STREET ADDRESS', 'CITY', 'FOREIGN COUNTRY', 'AMOUNT OF PAYMENT', '613 6141236'.

GUIDELINES FOR SCANNABLE FORM FTB 3586

Scannable Form FTB 3586 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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	–	–	–	–
6-7	“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	51	65	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	51	65	Conventional form size/style
48	Form Identifier “3586 (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	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	12	17	Numeric, CA Corporation Number must be 7 or 12 digits. If not available, leave blank. Do not zero fill.
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	“23”
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” 109=2 199 = “3” More than one form/No form = “0”

Scannable Form FTB 3586 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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” only 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” only 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, “6181236”

Scannable Form FTB 3587 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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	–	–	–	–
6-7	“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	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 “3587 (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 “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	“23”
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 New 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” only 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” only 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, “6191236”

Scannable Form FTB 3587 Record Layout
Note: Record Layout is Reduced

Grid-based form layout with rows 01-66 and columns 1-45. Includes sections for 'When to pay', 'Pay online', 'Where to pay', and a bottom section for 'Title of Form', 'Amount of Payment', and 'FEIN'.

GUIDELINES FOR SCANNABLE FORM FTB 3588

Scannable Form FTB 3588 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier New 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	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	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 “3588 (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 “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	“23”
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 New 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” only 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” only 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, “6201236”

Scannable Form FTB 3893 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
5-8	Blank line	–	–	–	–
9-21	“Payment Information ...” 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 “2024”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3893” Area	70	9	78	Conventional form size/style
49	Taxable Year Area “2024”	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier “3893” 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	12	17	Numeric, CA Corporation Number must be 7 or 12 digits. If not available, leave blank. Do not zero fill
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	“24”
51	FORM (mandatory)	68	4	71	“FORM”
51	Form Type Indicator (mandatory)	74	1	74	The type of return the entity will file: 100S = “1”, 565 = “2”, 568 = “3” More than one form/No form = “0”

GUIDELINES FOR SCANNABLE FORM FTB 3893

Scannable Form FTB 3893 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” only 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” only 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, “6231246”

Scannable Form FTB 3893 Record Layout
Note: Record Layout is Reduced

Grid-based form layout for FTB 3893 with sections for 'Payment 1', 'Pay online', and 'Where to pay'. Includes fields for Taxable Year (2024), Title of Form, and Amount of Payment (0000000000).