Scannable Form FTB 3536 Specifications										
Definitions:	ALPHA = A-Z (N NUMERIC = 0-9 ALPHANUMERIC = A-Z, 0-1 LEFT JUSTIFY = LJ RIGHT JUSTIFY = RJ	IUST BE AL	L CAPS)		12-point font, not bold, for taxpayer data 1 - 59) and CTP ID and doc. ID (print line 63),					
Print Line		Begin Print	Maximum Field	End Print	Field					
Number	Identification	<u>Position</u>	<u>Length</u>	<u>Position</u>	Description					
1-3	Blank lines	_	_	_	-					
4	"Form at bottom of page."	30	29	58	Conventional form size/style					
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style					
5	Blank line	_	_	_						
6-11	"DO NOT MAIL" and box	12	62	73	Conventional form size/style					
12	Blank line	_	_	-	-					
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style					
26	Blank line	_	_	-	-					
27-34	"WHEN TO FILE" and box	12	62	73	Conventional form size/style					
35	Blank line	_	-	-	-					
36-43	"ONLINE SERVICES" and box	12	62	73	Conventional form size/style					
44	Blank line	_	-	_	_					
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style					
46	Blank line	- \	4	_	-					
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 "20 <del>19</del> "	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 "20 <del>19</del> "	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	CA SOS File Number (mandatory)	6	12	17	Numeric, CA SOS File Number must begin with 19 or 20 (e.g., "199412345678"). SOS File Number is 12 digits. 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")					

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Numeric, "()","-", no other symbols or punctuation, embedded space, or blank

(e.g., (123) 456-7890)

"<del>19</del>"

"FORM"

Numeric, "0"

53

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71

Telephone Number

FORM (mandatory)

Form Year Indicator (mandatory)

Form Type Indicator (mandatory)

51

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## Scannable Form FTB 3536 Specifications

Definitions:	NUMERIC = ( ALPHANUMERIC = / LEFT JUSTIFY = I	A-Z (MUST BE AI 0-9 A-Z, 0-9 급 급	L CAPS)		12-point font, not bold, for taxpayer data I - 59) and CTP ID and doc. ID (print line 63)
Print		Begin	Maximum	End	Field
Line <u>Number</u>	Identification	Print <u>Position</u>	Field <u>Length</u>	Print <u>Position</u>	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, L.J., "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, <del>LJ,</del> 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 <del>, LJ</del>
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, "-", LJ. If foreign address, leave ZIP Code field blank.

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34

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Blank line

Blank lines

If Foreign Country Name

If Foreign Postal Code

Amount of Payment

CTP ID (mandatory)

Doc. ID (mandatory)

If Foreign Province/State/County

"Amount of Payment" (mandatory)

Bottom Registration Mark, Anchor Mark, and conventional form FTB 3536

57

57

57

58

59

59

60-61

62-63

63

63

End of bottom registration mark, anchor mark, and

Alphanumeric, Embedded spaces, or blank .

Alphanumeric, Embedded spaces, or blank

Alphanumeric, Embedded spaces, or blank

Print as: "Amount of Payment" Numeric, RJ, whole dollars only. Decimal point must print at end of dollar

amount - print position 76.

conventional form size/style

Numeric, "6221196"

Numeric

2-character Country Abbreviation may be used.

## Scannable Form FTB 3536 Record Layout Note: Record Layout is Reduced

Total to bottom of body   Total to body   Tota	0 0 0 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1	7 7 7 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 4 5 6 7 8 9 0 1 2 3 4 5
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IF AMOUNT OF PAYMENT IS ERRO, DO NOT MAIL THIS FORM.		
### TIP AMOUNT OF PATHENT IS EERO, DO NOT MAIL THIS FORM.	05	
### MEEN TO FILE    MEEN TO FILE	1F AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS FORM.	07
	09	09
MHERE TO FILE  MEEN TO FILE  M		
MHERE TO FILE  MHERE		
MHERE TO FILE	14	14
	16	16
DETACH HERE IF NO PANCENT SOUE, DO NOT MAIL THIS FORM DETACH RERE    Company   Company		
S		23
WHEN TO FILE	25	
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SHEN TO FILE		
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S		<del></del>
38   39   39   39   39   39   39   39		
ONLINE SERVICES  ONLINE		<del>                                     </del>
40	ONLINE SERVICES	39
43		
A5     DETACH HERE		
46 47 48 49 40 40 40 40 40 40 40 40 40 40 40 40 40		
Title of Form    48   49	46	46
50   S   S   S   F   L   E   N   O   X   X   E   C   T   L   T   E   T   N   X   X   X   X   X   X   X   X   X	48 2010 7:tlo of Form	6 (T.T.C) 48
52		49
53		
55   S T R E E T A D D R E S S X X X X X X X X X X X X X X X X X	53 LIMITEDLIABILITY COMPANYNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X X 53
57	55 STREETADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	55
58		
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