Scannable Form FTB 3587 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS)

NUMERIC = 0-9
ALPHANUMERIC = A-Z, 0-9
LEFT JUSTIFY = LJ

Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).

	RIGHT JUSTIFY = RJ				
Print		Begin	Maximum	End	
Line Number	Identification	Print Position	Field <u>Length</u>	Print Position	Field Description
1-3	Blank lines	<u>1 03111011</u>	<u>LCrigin</u>	<u>-</u>	Description
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
	Blank line	_		_	Alichor mark, Conventional form size/style
5	"DO NOT MAIL" and box				Conventional form size/style
6-9		12	62	73	Conventional form size/style
10	Blank line	-	_	-	-
11-22	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
23	Blank line		-	-	-
24-31	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
32	Blank line	_	-	-	-
33-40	"ONLINE SERVICES" and box	12	62	73	Conventional form size/style
41-44	Blank lines		-/	<u> </u>	-
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 "2018"	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 "2018"	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	-	_	_	_
	Limited Partnership, Limited Liability				
	Partnership, or REMIC Federal Employer		40	45	Numeric, "-", or zero fill (e.g., "12-3456789" or
51	Identification Number (FEIN) (mandatory)	6	10	15	"00-0000000")
	Entity Name Control (First Four characters of Limited Partnership, Limited Liability				Alphanumeric, No embedded spaces, No
51	Partnership or REMIC Name) (mandatory)	20	4	23	symbols or punctuation
	7(0)				Numeric, CA SOS File Number must begin with
	Limited Partnership, Limited Liability				19 or 20 (e.g., "200412345678"). SOS File
51	Partnership, or REMIC CA Secretary of State (SOS) File Number (if available)	26	12	37	Number is 12 digits. If not available, zero fill (e.g. "000000000000")
	()			<u> </u>	Numeric, "()", "-", embedded space,
					no other symbols or punctuation, or blank
51	Telephone Number	40	14	53	(e.g.,(123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	"18"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, "0"

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Definitions: ALPHA A-Z (MUST BE ALL CAPS)

NUMERIC 0-9 ALPHANUMERIC A-Z, 0-9 Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).

	ALPHANUMERIC = A-Z, 0	-9		(print lines	51 - 59) and CTP ID and doc. ID (print line 63).
	LEFT JUSTIFY = LJ RIGHT JUSTIFY = RJ				
Print	111011111111111111111111111111111111111	Begin	Maximum	End	
Line		Print	Field	Print	Field
Number	Identification	Position	<u>Length</u>	<u>Position</u>	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"
	<u> </u>				Numeric, "-", Enter "MM-DD-YYYY" for fiscal or calendar year ending, Enter "00-00-0000" only if
52	Taxable Year Ending (mandatory)	29	10	38	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, LJ-"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 , LJ , 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 , LJ
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.
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, RJ, whole dollars only. Decimal point must print at end-of dollar amount – print position 76.
60-61	Blank lines	_	_	_	
30-01	Bottom Registration Mark, Anchor Mark,				End of bottom registration mark, anchor mark,
62-63	and conventional form FTB 3587	_	_	_	and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "6191186"

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

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07	DO NOT MAIL A PAPER COPY OF THE PARTNERSHIP TAX RETURN WITH PAYMENT VOUCHER.
08	If the amount of payment is zero, do not mail this voucher.
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