Scannable Form FTB 3539 Specifications

Definitions:

ALPHA	=	A-Z (MUST BE ALL CAPS)
NUMERIC	=	0-9
ALPHANUMERIC	=	A-Z (MUST BE ALL CAPS), 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). 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
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	–	–	–	–
6-9	"DO NOT FILE ..." and box	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	–	–	–	–
24-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	–	–	–	–
37-43	"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	**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 "2019"	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 "2019"	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	7	12	Numeric, seven digits, or zero fill (e.g., "1234567" or "0000000")
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	"19"
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", 199 = "3" More than one form/No form = "0"

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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	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, "6141196"

Scannable Form FTB 3539 Record Layout

Note: Record Layout is Reduced