Form 540 2EZ Absolute Positioning Specifications (Side 1)

Definitions				
	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 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	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	"19"
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., 08-01-2019), or blank
10	ARRP Area	78	3	80	Conventional form size/style

Form 540 2EZ Absolute Positioning Specifications (Side 1)

Definitions				
	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 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., 08-01-2019), 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

Form 540 2EZ Absolute Positioning Specifications (Side 1)

Definitions				
	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 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	–	–	–	–
33-60	Form area with absolute position data fields	–	–	–	Conventional form size/style with absolute position data fields
33-36	Form area	6	–	80	Conventional form, size/style
37	Line 1. Single	11	1	11	Upper X = marked check box Blank = unmarked check box
37	Line 5. Qualifying Widow(er)	43	1	43	Upper X = marked check box Blank = unmarked check box
38	Blank line	–	–	–	–
39	Line 2. Married/RDP filing jointly	11	1	11	Upper X = marked check box Blank = unmarked check box
40	Form area	6	–	80	Conventional form, size/style
41	Blank line	–	–	–	–
42	Line 4. Head of household	11	1	11	Upper X = marked check box Blank = unmarked check box
43	Blank lines	–	–	–	–
44	Form area	6	–	80	Conventional form, size/style
45	Line 6. Claimed as a Dependent on Another Return	78	1	78	Upper X = marked check box Blank = unmarked check box
46	Blank lines	–	–	–	–
47	Line 7. Senior Exemption Count	78	1	78	"0", "1", "2"
48	Blank lines	–	–	–	–
49	Line 8. Dependent Exemption Count	77	2	78	Numeric, For Example "1", "2", "3"..."99""
50-52	Form area	6	–	80	Conventional form, size/style
53	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 55, "Dependent 1 SSN" field at print line 57, "Dependent 1 Relationship" field at print line 59. **Otherwise, all four fields must be blank**.
53	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 55, "Dependent 2 SSN" field at print line 57, "Dependent 2 Relationship" field at print line 59. **Otherwise, all four fields must be blank.**

Form 540 2EZ Absolute Positioning Specifications (Side 1)

Definitions				
	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 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
53	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 55, "Dependent 3 SSN" field at print line 57, "Dependent 3 Relationship" field at print line 59. **Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)**
54	Blank line	–	–	–	–
55	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 53, "Dependent 1 SSN" at print line 57, and "Dependent 1 Relationship" field at print line 59. **Otherwise, all four fields must be blank.**
55	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 53, "Dependent 2 SSN" at print line 57, and "Dependent 2 Relationship" field at print line 59. **Otherwise, all four fields must be blank.**
55	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 53, "Dependent 3 SSN" at print line 57, and "Dependent 3 Relationship" field at print line 59. **Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)**
56	Blank line	–	–	–	–
57	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 53, "Dependent 1 Last Name" field at print line 55 and "Dependent 1 Relationship" field at print line 59. **Otherwise, all four fields must be blank.**
57	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 53, "Dependent 2 Last Name" field at print line 55 and "Dependent 2 Relationship" field at print line 59. **Otherwise, all four fields must be blank.**

Form 540 2EZ Absolute Positioning Specifications (Side 1)

Definitions				
	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 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
57	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 53, "Dependent 3 Last Name" field at print line 55 and "Dependent 3 Relationship" field at print line 59. **Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)**
58	Blank line	–	–	–	–
59	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 53, "Dependent 1 Last Name" field at print line 55, and "Dependent 1 SSN" field at print line 57. **Otherwise, all four fields must be blank**.
59	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.**	42	12	53	Alpha. If entry made in this field, there must be entries in "Dependent 2 First Name" field at print line 53, "Dependent 2 Last Name" field at print line 55, and "Dependent 2 SSN" field at print line 57. **Otherwise, all four fields must be blank**.
59	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.**	63	12	74	Alpha. If entry made in this field, there must be entries in "Dependent 3 First Name" field at print line 53, "Dependent 3 Last Name" field at print line 55, and "Dependent 3 SSN" field at print line 57. **Otherwise, all four fields must be blank. (Exception: If more than three dependents, print "SEE ATTACHED"**."
60-61	Blank line	–	–	–	–
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, "3111194"
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

Form 540 2EZ Absolute Positioning Specifications (Side 2)

Definitions				
	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 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
8-9	Blank lines	–	–	–	–
10	Line 9. Total wages from Form(s) W-2	63	15	77	Numeric
11-12	Blank line	–	–	–	–
13	Line 10. Total interest income	63	15	77	Numeric
14-15	Blank line	–	–	–	–
16	Line 11. Total dividend income	63	15	77	Numeric
17-18	Blank line	–	–	–	Conventional form, size/style
19	Line 12. Taxable pension amount	63	15	77	Numeric
20	Blank line	–	–	–	–
21	Form area	6	–	80	Conventional form, size/style
22	Line 13. Total capital gains distributions from mutual funds	63	15	77	Numeric
23-24	Blank line	–	–	–	–
25	Line 16. Add lines 9 to 13	63	15	77	Numeric
26-27	Form area	6	–	80	Conventional form, size/style
28	Line 17. Tax from tax table	73	5	77	Numeric
29	Blank line	–	–	–	–
30	Form area	6	–	80	Conventional form, size/style
31	Line 18. Senior exemption	75	3	77	Numeric
32	Blank line	–	–	–	–
33	Line 19. Nonrefundable renter's credit	75	3	77	Numeric
34	Blank line	–	–	–	–
35	Form area	6	–	80	Conventional form, size/style
36	Blank lines	–	–	–	–
37	Line 21. Tax	73	5	77	Numeric
38	Blank lines	–	–	–	–
39	Line 22. Total tax withheld	71	7	77	Numeric
40	Blank line	–	–	–	–
41	Line 23. Earned Income Tax Credit (EITC)	73	5	77	Numeric
42	Blank Line	–	–	–	–
43	Line 24. Young Child Tax Credit (YCTC)	71	7	77	Numeric
44	Blank Line	–	–	–	–
45	Line 25. Total payments	71	7	77	Numeric
46-47	Form area	6	–	80	Conventional form, size/style
48	Line 26. Use tax	48	7	54	Numeric
49	Blank line	–	–	–	–

Form 540 2EZ Absolute Positioning Specifications (Side 2)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 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
50-52	Form area	6	–	80	Conventional form, size/style
53	Line 27. Payments balance	63	15	77	Numeric
54	Blank lines	–	–	–	–
55	Line 28. Use Tax balance	63	15	77	Numeric
56	Blank lines	–	–	–	–
57	Line 29. Overpaid tax	63	15	77	Numeric
58	Form area	6	-	80	Conventional form, size/style
59	Line 30. Tax due	63	15	77	Numeric
60-61	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, "3112194"
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

Form 540 2EZ Absolute Positioning Specifications (Side 3)

Definitions				
	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 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
10-60	Form area with exact position data fields	–	–	–	Conventional form size/style with exact position data fields
10	Code 400. California Seniors Fund. See instructions	63	15	77	Numeric
11	Blank line	–	–	–	–
12	Code 401. Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	63	15	77	Numeric
13	Blank line	–	–	–	–
14	Code 403. Rare and Endanger Species Preservation Voluntary Tax Contribution Program	63	15	77	Numeric
15	Blank line	–	–	–	–
16	Code 405. California Breast Cancer research Voluntary tax Contribution Fund	63	15	77	Numeric
17	Blank line	–	–	–	–
18	Code 406. California Firefighter's Memorial Fund	63	15	77	Numeric
19	Blank line	–	–	–	–
20	Code 407. Emergency Food for Families Voluntary Tax Contribution Fund	63	15	77	Numeric
21	Blank line	–	–	–	–
22	Code 408. California Peace Officer Memorial Foundation Fund	63	15	77	Numeric
23	Blank line	–	–	–	–
24	Code 410. California Sea Otter Fund	63	15	77	Numeric
25	Blank line	–	–	–	–
26	Code 413. California Cancer Research Voluntary Tax Contribution Fund	63	15	77	Numeric
27	Blank line	–	–	–	–
28	Code 422. School Supplies for Homeless Children Fund	63	15	77	Numeric
29	Blank line	–	–	–	–
30	Code 423. State Parks Protection Fund/Parks Pass Purchase	63	15	77	Numeric
31	Blank line	–	–	–	–
32	Code 424. Protect Our Coast and Oceans Voluntary Tax Contribution Fund	63	15	77	Numeric
33	Blank line	–	–	–	–
34	Code 425. Keep Arts in Schools Voluntary Tax Contribution Fund	63	15	77	Numeric

Form 540 2EZ Absolute Positioning Specifications (Side 3)

Definitions				
	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 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
35	Blank line	–	–	–	–
36	Code 431. Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	63	15	77	Numeric
37	Blank line	–	–	–	–
38	Code 438. California Senior Citizen Advocate Voluntary Tax Contribution Fund	63	15	77	Numeric
39	Blank line	–	–	–	–
40	Code 439. Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	63	15	77	Numeric
41	Blank line	–	–	–	–
42	Code 440. Rape Kit Backlog Voluntary Tax Contribution Fund	63	15	77	Numeric
43	Blank line	–	–	–	–
44	Code 441. Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	63	15	77	Numeric
45	Blank line	–	–	–	–
46	Code 442. National Alliance on Mental Illness California Voluntary Tax Contribution Fund	63	15	77	Numeric
47	Blank line	–	–	–	–
48	Code 443. Schools Not Prisons Voluntary Tax Contribution Fund	63	15	77	Numeric
49	Blank line	–	–	–	–
50	Code 444. Suicide Prevention voluntary Tax Contribution Fund	63	15	77	Numeric
51	Blank line	–	–	–	–
52	31. Add amounts in code 400 through code 444. This is your total contribution	63	15	77	Numeric
53-61	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, "3113194"
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

Form 540 2EZ Absolute Positioning Specifications (Side 4)

Definitions				
	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 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
5-11	Form area	6	–	80	Conventional form size/style
12	Line 32. Amount You Owe	63	15	77	Numeric
13-17	Form area	6	–	80	Conventional form, size/style
18	Line 33. Refund or No Amount Due	63	15	77	Numeric
19-23	Form area	6	–	80	Conventional form, size/style
24	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
25	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 25 and "Checking" Check box at print line 24 or ""Savings"" Check box at print line 26. **Otherwise, all four fields must be blank.**
25	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 25 and "Checking" Check box at print line 24 or ""Savings"" Check box at print line 26. **Otherwise, all four fields must be blank.**
25	Line 34. 1Direct Deposit Amount	63	15	77	Numeric
26	1Savings Check Box	29	1	29	Upper X = marked check box Blank = unmarked check box
27-29	Form area	6	–	80	Conventional form, size/style
30	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
31	Form area	6	–	80	Conventional form, size/style
32	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 32 and "Checking" Check box at print line 30 or ""Savings"" Check box at print line 32. **Otherwise, all four fields must be blank.**

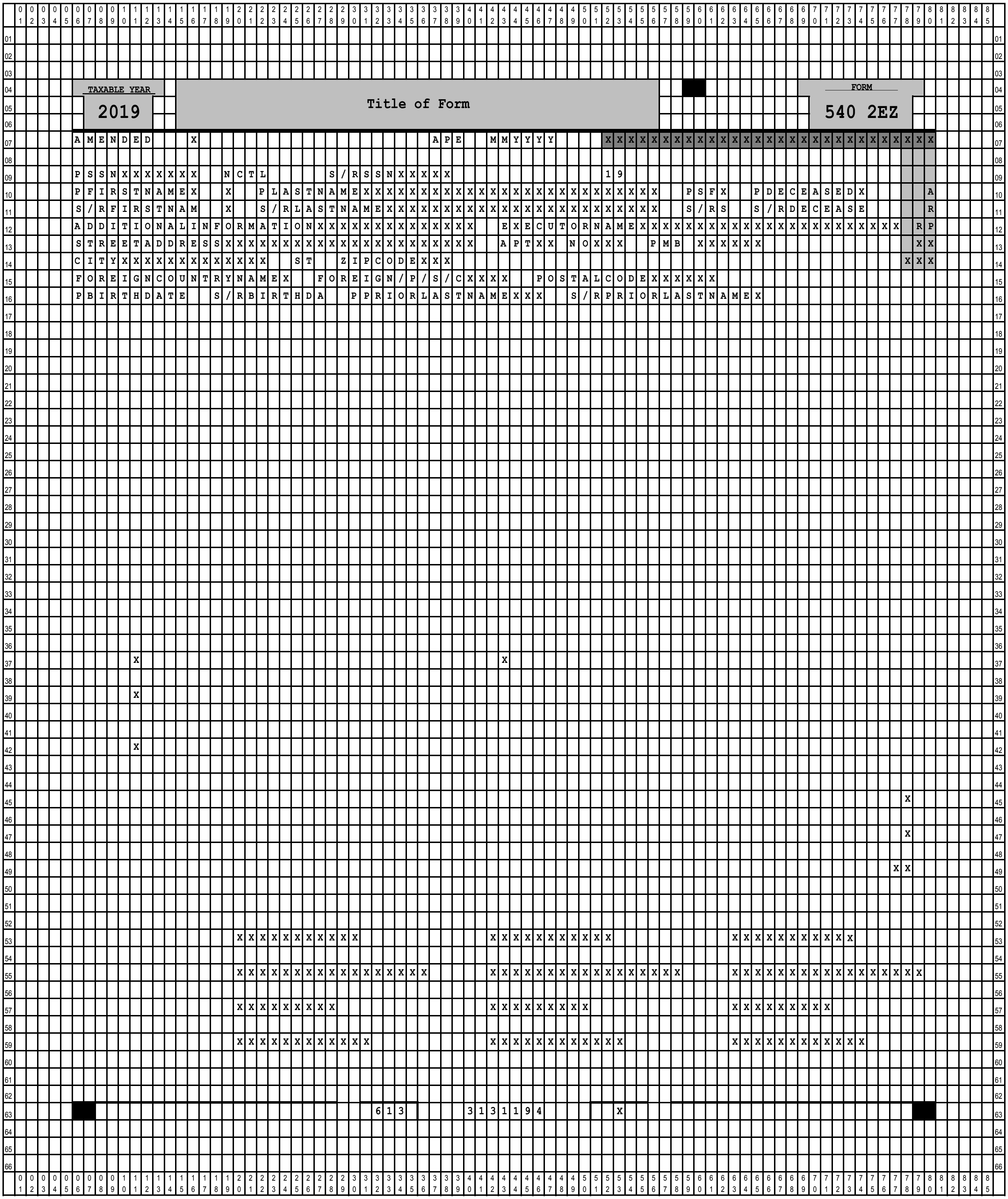
Form 540 2EZ Absolute Positioning Specifications (Side 4)

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

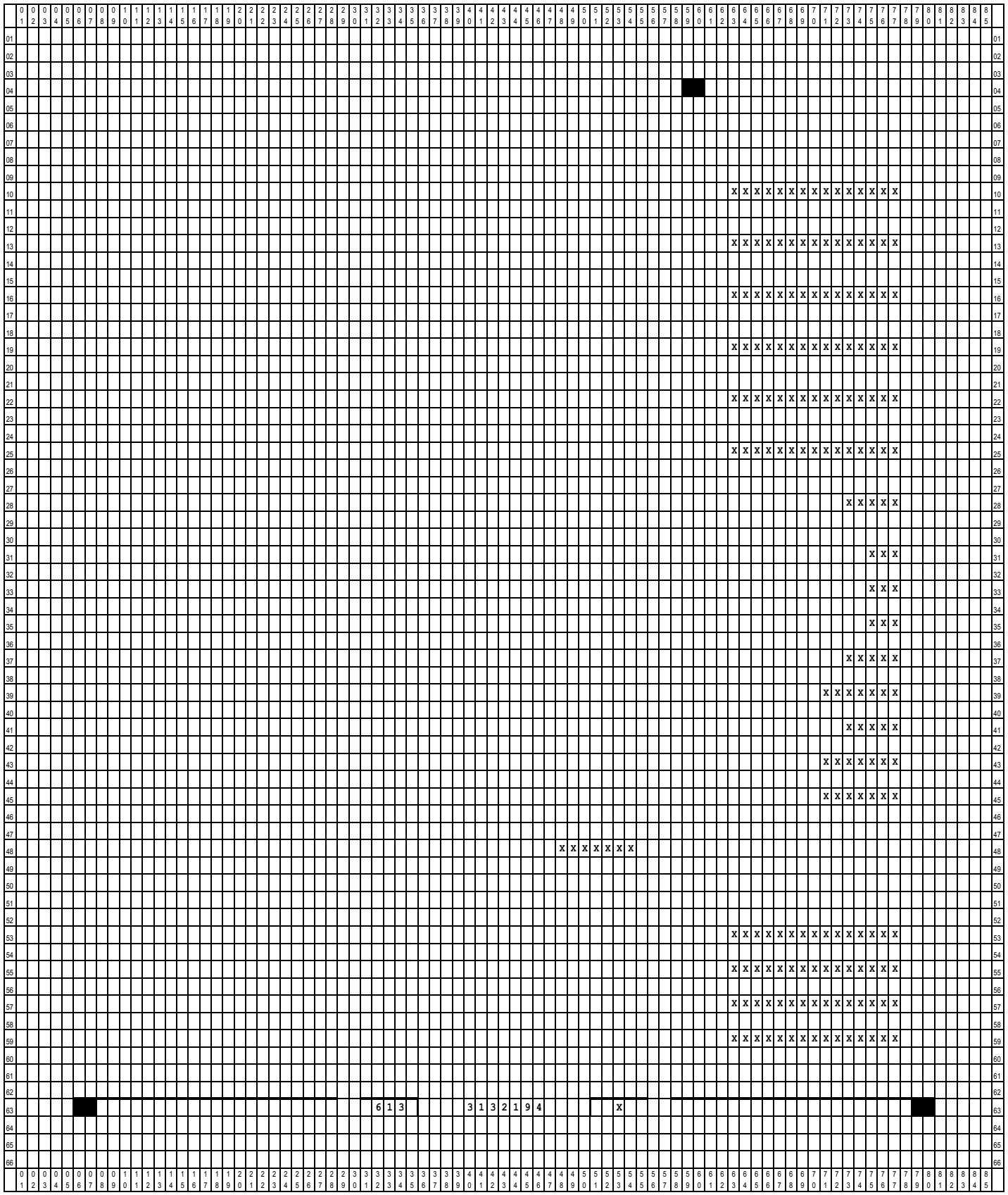
Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
32	2Account Number **If entry in this field, there must be entries in "Routing Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.**	38	17	54	Numeric; "-" If entry made in this field, there must be entries in the "Routing Number" Field at print line 32 and "Checking" Check box at print line 30 or ""Savings"" Check box at print line 32. **Otherwise, all four fields must be blank.**
32	Line 35. 2Direct Deposit Amount	63	15	77	Numeric
32	2Savings Check Box	29	1	29	Upper X = marked check box Blank = unmarked check box
33-40	Form area	6	–	80	Conventional form, size/style
41	Email address	17	42	58	Alphanumeric
41	Preferred phone number	60	14	73	Numeric; "-"
42-46	Form area	6	–	80	Conventional form, size/style
47	PTIN	63	9	71	Numeric
48-49	Form area	6	–	80	Conventional form, size/style
50	FEIN	63	9	71	Numeric
51	Blank line	–	–	–	–
52	Yes - Discuss Return Check Box	65	1	65	Upper X = marked check box Blank = unmarked check box
52	No - Discuss Return Check Box	72	1	72	Upper X = marked check box Blank = unmarked check box
53-61	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, "3114194"
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

Absolute Positioning Form 540 2EZ Entity Entry Record Layout (Side 1)

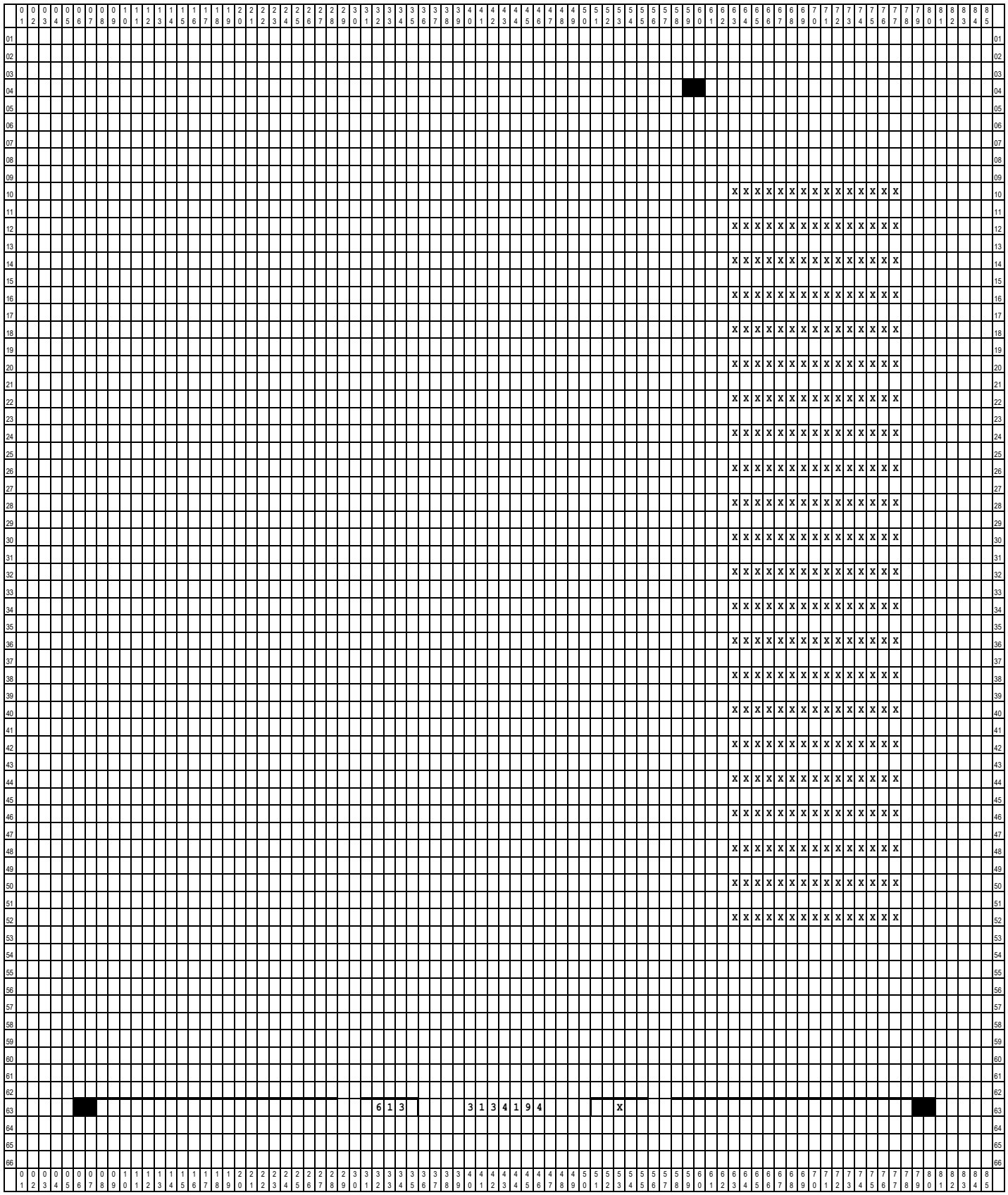
Note: Record Layout is Reduced



Absolute Positioning Form 540 2EZ Entity Entry Record Layout (Side 2)
Note: Record Layout is Reduced



Absolute Positioning Form 540 2EZ Entity Entry Record Layout (Side 3)
Note: Record Layout is Reduced



Absolute Positioning Form 540 2EZ Entity Entry Record Layout (Side 4)

Note: Record Layout is Reduced