Scannable Form FTB 3563 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)
	NUMERIC	=	0-9
	ALPHANUMERIC	=	A-Z, 0-9
	LEFT JUSTIFY	=	LJ
	RIGHT JUSTIFY	=	RJ

Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63).

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	–	–	–	
6-11	"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	–	–	–	–
27-37	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
38-44	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 "2018"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3563 (541)) 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 (3563 (541)) 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	"18"
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

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

Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63).

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, 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, ~~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	52	5	56	Alphanumeric, ~~LJ,~~ 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~~, LJ~~
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, "-", ~~LJ,~~ 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, ~~RJ,~~ 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
63	Doc. ID (mandatory)	40	7	46	Numeric, "1231186"

Scannable Form FTB 3563 Record Layout
Note: Record Layout is Reduced

Form at bottom of page.

IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS FORM.

WHERE TO FILE

WHEN TO FILE

DETACH HERE _____ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM _____ DETACH HERE

TAXABLE YEAR			CALIFORNIA FORM
2018	Title of Form		3563(541)

FEINNOXXXX NCTL 18 APE 000000
NAME OF ESTATE OR TRUSTXXXXXXXX (DECD MM-DD-YYYY)
NAME AND TITLE OF FIDUCIARYXXXXXX
ADDITIONALINFORMATIONXXXXXXXXXXXXXX EXECUTORXXXXXXXXX
STREETADDRESSXXXXXXXXXXXXXXXXXXXX STEXX NOXXX PMB NOXXXX
CITYXXXXXXXXXXXXX ST ZIPCODEXXX
FOREIGNCOUNTRYNAMEX FOREIGN/P/S/CXXXX POSTALCODEXXXXX
Amount of Payment 000000000.

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