Scannable Form FTB 3582X Specifications

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

 $\begin{array}{lll} \text{NUMERIC} & = & 0.9 \\ \text{ALPHANUMERIC} & = & A-Z_{\star} \ 0.9 \\ \text{LEFT-JUSTIFY} & = & LJ \\ \text{RIGHT-JUSTIFY} & = & RJ \end{array}$

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

	RIGHT JUSTIFY = RJ				
Print		Begin	Maximum	End	
Line	Identification	Print	Field	Print	Field
Number	Identification Plant lines	Position _	<u>Length</u>	Position _	Description
1-3	Blank lines				Castistic not forms size/at-da
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
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	_	-		-
27-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line		-	7	-
37-42	"ONLINE SERVICES" and box	12	62	73	Conventional form size/style
43-44	Blank lines	-	(-)	-	
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
	"CAUTION: You may be required to pay				
46	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 "2018"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3582X (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 (3582X (c. file)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	-	_	_	_
51	Taxpayer's SSN or ITIN (mandatory)	9	11	19	Numeric, "—"
	Name Control (First 4 Letters of Taxpayer's				Alpha, No embedded spaces, No symbols
51	Last Name) (mandatory)	22	4	25	or punctuation
	If Joint Return, Spouse's/RDP's SSN or ITIN				
51	(mandatory)	31	11	41	Numeric, "—"
51	Form Year Indicator	59	2	60	"18 <u>"</u>
52	Taxpayer's First Name (mandatory)	9	11	19	Alpha, No embedded spaces
52	Taxpayer's Middle Initial	22	1	22	Alpha
52	Taxpayer's Last Name (mandatory)	25	35	59	Alpha
52	Taxpayer's Suffix	62	4	65	Alpha
	If Joint Return, Spouse's/RDP's First Name	_			
53	(mandatory)	9	11	19	Alpha, No embedded spaces
53	If Joint Return, Spouse's/RDP's Middle Initial	22	1	22	Alpha

Scannable Form FTB 3582X Specifications

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

NUMERIC = 0-9 ALPHANUMERIC = $A-Z_{x}$ 0-9 LEFT JUSTIFY = LJ RIGHT JUSTIFY = BJ Use Courier 12-point font, not bold, for taxpayer data (print lines 51-58) and CTP ID, and Doc. ID (print line 63),

	RIGHT JUSTIFY = RJ				
Print		Begin	Maximum	End	
Line		Print	Field	Print	Field
Number	Identification	Position	<u>Length</u>	<u>Position</u>	Description
50	If Joint Return, Spouse's/RDP's Last Name	0.5	0.5		
53	(mandatory)	25	35	59	Alpha
53	Spouse's/RDP's Suffix	62	4	65	Alpha
54	Additional Information	9	35	43	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/". If no "in-care-name" and additional information leave print line 54 blank.
55	Street Address (mandatory)	9	35	43	Alphanumeric, No punctuation, No symbols other than "/" or "-"
55	APT, STE, SP, RM, FL, BLDG, and UN	46	5	50	Alpha, Ld, "APT, STE, SP, RM, FL, BLDG, or UN" Print only if there is a Number or Letter.
	APT, STE, SP, RM, FL, BLDG, and UN				
55	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"
					Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount –
58	Taxpayer's Amount of Payment	63	10	72	at print position 72. Do not use commas.
59-61	Blank lines	_	_	_	
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3582X	_	_	_	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, "1301186"

Scannable Form FTB 3582X Record Layout Note: Record Layout is Reduced

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