

Scannable Form FTB 3586 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
 NUMERIC = 0-9 All printed text and data must be Left Aligned unless
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 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	"Voucher at bottom of page."	30	29	58	Conventional form size/style
4	Anchor Mark	59	2	60	Conventional form size/style
5	Blank line	-	-	-	-
6-11	"DO NOT MAIL ..." and box	12	62	73	Conventional form size/style
12	Blank line	-	-	-	-
13-24	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
25	Blank line	-	-	-	-
26-36	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
37	Blank line	-	-	-	-
38-42	"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
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	51	65	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2020"	7	6	12	Conventional form size/style
48	Title of Form	15	51	65	Conventional form size/style
48	Form Identifier "3586 (e-file)" Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2020"	7	6	12	Conventional form size/style
49	Title of Form	15	51	65	Conventional form size/style
49	Form Identifier "3586 (e-file)" 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") If unavailable leave blank.
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, "-", (e.g., "12-3456789")
51	California Secretary of State (SOS) (if available)	40	12	51	Numeric, CA SOS number must be 12 digits. If not available, leave blank
51	Form Year Indicator (mandatory)	59	2	60	"20"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, the type of return the payment is for: 100, 100S, 100W = "1" 199 = "3" More than one form/No form = "0"

GUIDELINES FOR SCANNABLE FORM FTB 3586

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 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9

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/DEA 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	Telephone 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 3586	-	-	-	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, "6181206"

