

Scannable Form FTB 3588 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 specific instruction is provided in Field Description column.  
 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	“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	–	–	–	–
6-9	“DO NOT MAIL ...” and box	12	62	73	Conventional form size/style
10	Blank line	–	–	–	–
11-21	“WHERE TO FILE” and box	12	62	73	Conventional form size/style
22	Blank line	–	–	–	–
23-38	“WHEN TO FILE” and box	12	62	73	Conventional form size/style
39	Blank line	–	–	–	–
40-43	“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	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 “2020”	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier “3588 (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	37	51	Conventional form size/style
49	Form Identifier “3588 (e-file)” Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
					Numeric, CA SOS File Number must be 12 digits.
51	CA SOS File Number (mandatory)	6	12	17	<del>If not available, leave blank.</del>
51	Entity Name Control (First Four characters of Limited Liability Company's Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	<del>Numeric, “-” (e.g., “12-3456789”); If unavailable, leave blank.</del>
51	Telephone Number	40	14	53	Numeric, “( )”, “-”, embedded space, no other symbols or punctuation, or blank (e.g., (123) 456-7890)
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, “0”

**GUIDELINES FOR SCANNABLE FORM FTB 3588**

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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" <b>only</b> 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" <b>only</b> if TYE is unknown
53	Name of Limited Liability Company (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	Blank line	-	-	-	-
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 and conventional form FTB 3588	-	-	-	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, "6201206"

