

2D SPECIFICATIONS FOR FORM FTB 3514

Form FTB 3514 2D Specifications Barcode 1 of 1

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
1	Header	Header Version Number	N	2	T1	
2	Header	CTP ID	N	3		
3	Gov't	Tax Year	N	4	YYYY	
4	Gov't	Form Type	N	6	846	
5	Gov't	Software Developer Version	N	3	001. Increment plus 1 for every change to the barcode.	
6	Gov't	FTB Specification Version	N	3	001. See Header Fields Definitions in Publication 1098, Part II for more information.	
7		Taxpayer's First Name	A	11		
8		Taxpayer's Middle Name	A	1		
9		Taxpayer's Last Name	A	35		
10		Taxpayer's Suffix	A	4		
11		Taxpayer's SSN	N	9		
12	1a	Yes – Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
13	1a	No – Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
14	1b	Yes – Has the Franchise Tax Board (FTB) previously disallowed your California EITC	X	1	Upper X-marked check box Blank = unmarked check box	Print: Check mark
15	1b	No- Has the Franchise Tax Board (FTB) previously disallowed your California EITC	X	1	Upper X-marked check box Blank = unmarked check box	Print: Check mark
16	2	Federal AGI	N	15	Special Characters: –	
17	3	Federal EIC	N	15		
18	4	Investment Income	N	15		
19	Child 1 – line 5	First Name	A	11		
20	Child 1 – line 6	Last Name	A	17		
21	Child 1 – line 7	SSN	N	9		
22	Child 1 – line 8	Date of Birth	N	8	MMDDYYYY	
23	Child 1 – line 9a	Yes – Was the child under age 24 at the end of 2019, a student, and younger than you Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
24	Child 1 – line 9a	No – Was the child under age 24 at the end of 2019, a student, and younger than you Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark

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25	Child 1 – line 9b	Yes – Was the child permanently and totally disabled in 2019. Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
26	Child 1 – line 9b	No – Was the child permanently and totally disabled in 2019. Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
27	Child 1 – line 10	Child's relationship to you	A	12	Special Characters: space	
28	Child 1 – line 11	Number of days child lived with you in 2019.	N	3		
29	Child 1 – line 12a	Child's physical address	AN	35	Special Characters: space / –	
30	Child 1 – line 12b	City	AN	17	Special Characters: space	
31	Child 1 – line 12c	State	A	2	Use Standard Abbreviations in Pub. 1098, Part I	
32	Child 1 – line 12d	ZIP Code	N	9		
33	Child 2 – line 5	First Name	A	11		
34	Child 2 – line 6	Last Name	A	17		
35	Child 2 – line 7	SSN	N	9		
36	Child 2 – line 8	Date of Birth	N	8	MMDDYYYY	
37	Child 2 – line 9a	Yes – Was the child under age 24 at the end of 2019, a student, and younger than you. Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
38	Child 2 – line 9a	No – Was the child under age 24 at the end of 2019, a student, and younger than you. Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
39	Child 2 – line 9b	Yes – Was the child permanently and totally disabled in 2019. Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
40	Child 2 – line 9b	No – Was the child permanently and totally disabled in 2019. Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
41	Child 2 – line 10	Child's relationship to you	A	12	Special Characters: space	
42	Child 2 – line 11	Number of days child lived with you in 2019.	N	3		
43	Child 2 – line 12a	Child's physical address	AN	35	Special Characters: space / –	
44	Child 2 – line 12b	City	AN	17	Special Characters: space	

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45	Child 2 – line 12c	State	A	2	Use Standard Abbreviations in Pub. 1098, Part I	
46	Child 2 – line 12d	ZIP Code	N	9		
47	Child 3 – line 5	First Name	A	11		
48	Child 3 – line 6	Last Name	A	17		
49	Child 3 – line 7	SSN	N	9		
50	Child 3 – line 8	Date of Birth	N	8	MMDDYYYY	
51	Child 3 – line 9a	Yes – Was the child under age 24 at the end of 2019, a student, and younger than you Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
52	Child 3 – line 9a	No – Was the child under age 24 at the end of 2019, a student, and younger than you Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
53	Child 3 – line 9b	Yes – Was the child permanently and totally disabled in 2019 Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
54	Child 3 – line 9b	No – Was the child permanently and totally disabled in 2019 Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
55	Child 3 – line 10	Child's relationship to you	A	12	Special Characters: space	
56	Child 3 – line 11	Number of days child lived with you in 2019	N	3		
57	Child 3 – line 12a	Child's physical address	AN	35	Special Characters: space / –	
58	Child 3 – line 12b	City	AN	17	Special Characters: space	
59	Child 3 – line 12c	State	A	2	Use Standard Abbreviations in Pub. 1098, Part I	
60	Child 3 – line 12d	ZIP Code	N	9		
61	13	Wages, salaries, tips, and other employee compensation	N	15		
62	14	IHSS payments	N	15		
63	15	Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	N	15		
64	16	Subtract line 14 and line 15 from line 13	N	15		
65	17	Nontaxable combat pay	N	15		
66	18	Business income or loss	N	15		
67	18a	Business name	AN	35		

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68	18b	Business address	AN	35	Special Characters: space / -	
69	18b	City, state and zip code	AN	70	Special Characters: space / -	
70	18c	Business license no.	AN	20		
71	18d	SEIN	N	20		
72	18e	Business code	N	6		
73	19	California earned income	N	15		
74	20	California EITC	N	15		
75	21	CA Exemption Credit Percentage	AN	6	N.NNNN	
76	22	Nonresident or Part-Year Resident EITC	N	15		
77	23	California Earned Income	N	15		
78	25	Excess EI over threshold	N	15		
79	26	Divide line 25 by 100	N	5	NN.NN	
80	27	Reduction Amount	N	6	NNN.NN	
81	28	Young Child Tax Credit	N	15		
82	29	California Exemption Percentage from Form 540NR	N	6	N.NNNN	
83	30	Nonresident or Part-Year Resident YCTC	N	15		
84		END OF FILE	AN	5	*EOD*	

Form FTB 3514 Barcode Placement Side 3 Specifications

Comments: Use Courier 12-point font for 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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-53	Blank lines	–	–	–	–
54-60	“2D BARCODE”	7	73	79	Conventional form size/style
61	Blank line	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form	–	–	–	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, “8463194” (Side 3)

Advance Draft
as of 12/03/20

