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 or ITIN	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 or ITIN	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 2020, 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 2020, a student, and younger than you Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark

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
25	Child 1 – line 9b	Yes – Was the child permanently and totally disabled during any part of 2020 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 during any part of 2020 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 California during 2020	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 or ITIN	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 20120, 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 2020, 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 during any part of 2020 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 during any part of 2020 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 California during 2020	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	

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
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 or ITIN	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 2020, 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 2020, 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 during any part of 2020 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 during any part of 2020 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 California during 2020	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		

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
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 number	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	CA Exemption Credit 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 Substitute Mapped Form

TAXABLE YEAR

2020   **California Earned Income Tax Credit**   FORM

3514

Attach to your California Form 540, Form 540 2EZ or Form 540NR.

Name(s) as shown on tax return

| 7-10 |

Your SSN or ITIN

| 11 |

Before you begin:

If you claim the California Earned Income Tax Credit (EITC) even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/ Registered Domestic Partner's (RDP's) DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Form 540NR.

If you qualify for the California EITC you may also qualify for the Young Child Tax Credit (YCTC). See instructions for additional information.

Follow Step 1 through Step 9 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit(s).

Part I   Qualifying Information   See Specific Instructions.

1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? . . . . . ● | 12 | Yes | 13 | No

  b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? . . . . ● | 14 | Yes | 15 | No

2 Federal AGI (federal Form 1040 or 1040-SR, line 11) . . . . ● **2** | 16 | . 00

3 Federal EIC (federal Form 1040 or 1040-SR, line 27) . . . . ● **3** | 17 | . 00

Part II   Investment Income Information

4 Investment Income. See instructions for Step 2 – Investment Income . . . . ● **4** | 18 | . 00

Part III   Qualifying Child Information

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information	Child 1	Child 2	Child 3
5 First name . . . . ●	19	● 33	● 47
6 Last name. . . . . ●	20	● 34	● 48
7 SSN or ITIN. See instructions. . . . . . . ●	21	● 35	● 49
8 Date of birth (mm/dd/yyyy). If born after 2001 **and** the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10 . . . . ●	22	● 36	● 50
9 a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. . . . . ●	23 Yes 24 No	● 37 Yes 38 No	● 51 Yes 52 No
b Was the child permanently and totally disabled during any part of 2020? If yes, go to line 10. If no, stop here. The child is not a qualifying child. . . . . ●	25 Yes 26 No	● 39 Yes 40 No	● 53 Yes 54 No
10 Child's relationship to you. See instructions. . . . . ●	27	● 41	● 55
11 Number of days child lived with you in California during 2020. Do not enter more than 366 days. See instructions. . . . . ●	28	● 42	● 56

For Privacy Notice, get FTB 1131 ENG/SP.   613   8461204   FTB 3514 2020 **Side 1**

Form FTB 3514 Substitute Mapped Form

	Child 1	Child 2	Child 3
12 a Child's physical address during 2020 (number, street, and apt. no./ste. no.). See instructions.... ◉	29	◉ 43	◉ 57
b City........................ ◉	30	◉ 44	◉ 58
c State....................... ◉	31	◉ 45	◉ 59
d ZIP code.................... ◉	32	◉ 46	◉ 60

Part IV   California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. ... ● **13**   61 .00

14 IHSS payments. See instructions. . . . . ◉ **14**   62 .00

15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. . . . . ◉ **15**   63 .00

16 Subtract line 14 and line 15 from line 13. . . . . ● **16**   64 .00

17 Nontaxable combat pay. See instructions.. . . . . ◉ **17**   65 .00

18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions. . . . . ◉ **18**   66 .00

    a Business name. . . . . ◉   67

    b Business address . . . . ◉   68

    City, state, and ZIP code. . . . . ◉   69

    c Business license number . . . . ◉   70

    d SEIN. . . . . ◉   71

    e Business code . . . . ◉   72

19 California Earned Income. Add line 16, line 17, and line 18. . . . . ● **19**   73 .00

Part V   California Earned Income Tax Credit   (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23. . . . . ● **20**   74 .00
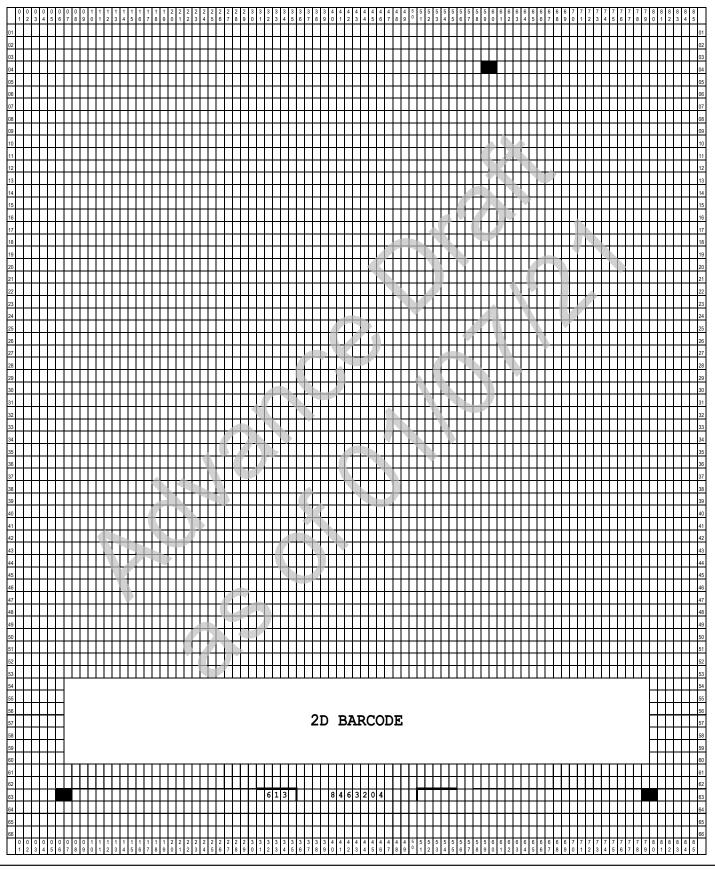
Form FTB 3514 Substitute Mapped Form

■

Part VI   Nonresident or Part-Year Resident California Earned Income Tax Credit

21 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions. . . . ⊙ **21** | . | 75 |

22 **Nonresident or Part-Year Resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85. . . . . ● **22** | | 76 |.|00

Part VII   Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

23 **California Earned Income.** Enter the amount from form FTB 3514, line 19. . . . . ⊙ **23** | 77 |.|00

24 **Available Young Child Tax Credit**. . . . . **24** | 1,000 |.|00
   • If the amount on line 23 is $25,000 or less, skip lines 25 through 27 and enter $1,000 on line 28.
      If applicable, complete lines 29 and 30.
   • If the amount on line 23 is greater than $25,000, complete lines 25 through 28. If applicable,
      complete lines 29 and 30.

25 Excess Earned Income over threshold. Subtract $25,000 from line 23 . . . . ● **25** | 78 |.|00

26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . . ⊙ **26** | 79 | . |

27 **Reduction amount.** Multiply line 26 by $20. Enter the result as a decimal out to two decimal places,
do not round. . . . . ● **27** | 80 | . |

28 **Young Child Tax Credit.**
   • If you did not need to complete lines 25 through 27, your credit is the $1,000 from line 24.
   • If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit
      amount is between $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.
   This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 24. . . . . ● **28** | 81 |.|00

Part VIII   Nonresident or Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

29 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions . . . . ⊙ **29** | 82 | . |

30 **Nonresident or Part-Year Resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86 . . . . ● **30** | 83 |.|00

This space reserved for 2D barcode

613   8463204   FTB 3514 2020 **Side 3**

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, "8463204" (Side 3)

Form FTB 3514 Barcode Placement Side 3 Record Layout
Note: Record Layout is Reduced

2D BARCODE

613   8463204