*Absolute Positioning Form 3514 Specifications (Side 1)*

| Definitions | ALPHA | = | A-Z (MUST BE ALL CAPS) | Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in FieldDescription column. |
| | NUMERIC | = | 0-9 | |
| | 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 | "Taxable Year" and "Underline" | 6 | 8 | 13 | Conventional form size/style |
| 4 | Anchor Mark | 59 | 2 | 60 | Anchor mark, Conventional form size/style |
| 4 | "Form" and "Underline" | 69 | 11 | 79 | Conventional form size/style |
| 5 | Tax Year Area | 7 | 6 | 12 | Conventional form size/style |
| 5 | Title of Form | 16 | 36 | 51 | Conventional form size/style |
| 5 | Form Identifier (3514) Area | 72 | 6 | 77 | Conventional form size/style |
| 6 | Tax Year Area | 7 | 6 | 12 | Conventional form size/style |
| 6 | Title of Form | 16 | 36 | 51 | Conventional form size/style |
| 6 | Form Identifier (3514) Area | 72 | 6 | 77 | Conventional form size/style |
| 6 | Bold Line | 6 | – | 80 | Conventional form size/style |
| 7-60 | Form area with absolute position data fields | – | – | – | Conventional form size/style with absolute position data fields |
| 7-19 | Blank lines | – | – | – | – |
| 20 | Line 1. a. Yes-IRS previously disallowed your federal Earned Income Credit (EIC) | 65 | 1 | 65 | Upper X=marked check box Blank=unmarked check box |
| 20 | Line 1. a. No-IRS previously disallowed your federal Earned Income Credit (EIC) | 72 | 1 | 72 | Upper X=marked check box Blank=unmarked check box |
| 21 | Blank line | – | – | – | – |
| 22 | Line 1. b. Yes-Has Franchise Tax Board (FTB) Previously disallowed your EITC | 65 | 1 | 65 | Upper X=marked check box Blank=unmarked check box |
| 22 | Line 1. b. No-Has Franchise Tax Board (FTB) Previously disallowed your EITC | 72 | 1 | 72 | Upper X=marked check box Blank=unmarked check box |
| 23 | Blank line | – | – | – | – |
| 24 | Line 2. Federal AGI | 65 | 12 | 76 | Numeric |
| 25 | Blank line | – | – | – | – |
| 26 | Line 3. Federal EIC | 65 | 12 | 76 | Numeric |
| 27-28 | Form area | 6 | – | 80 | Conventional form, size/style |
| 29 | Blank line | – | – | – | – |
| 30 | Line 4. Investment Income | 65 | 12 | 76 | Numeric |
| 31-35 | Form area | 6 | – | 80 | Conventional form, size/style |
| 36 | Line 5. Child 1 First Name **If entry made in this field, there must be entries in "Child 1 Last Name" field, "Child 1 SSN or ITIN" field and "Child 1 Date of Birth" field. Otherwise all four fields must be blank.** | 19 | 11 | 29 | Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 1 Last Name" field at print line 38, "Child1 SSN or ITIN" field at print line 40, and "Child 1 Date of Birth" field at print line 44, **Otherwise, all four fields must be blank.** |
| 36 | Line 5. Child 2 First Name **If entry made in this field, there must be entries in "Child 2 Last Name" field, "Child 2 SSN or ITIN" and "Child 2 Date of Birth" field Otherwise all four fields must be blank.** | 41 | 11 | 51 | Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 2 Last Name" field at print line 38, "Child 2 SSN or ITIN" field at print line 40, and "Child 2 Date of Birth" field at print line 44, **Otherwise, all four fields must be blank.** |

*Absolute Positioning Form 3514 Specifications (Side 1)*

| Definitions | ALPHA | = | A-Z (MUST BE ALL CAPS) | Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in FieldDescription column. |
| | NUMERIC | = | 0-9 | |
| | ALPHANUMERIC | = | A-Z (MUST BE ALL CAPS), 0-9 | |

| Print Line Number | Identification | Begin Print Position | Maximum Field Length | End Print Position | Field Description |
|---|---|---|---|---|---|
| 36 | Line 5 Child 3 First Name **If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 SSN or ITIN" field and "Child 3 Date of Birth" field. Otherwise all four fields must be blank.** 63 | 63 | 11 | 73 | Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 36, "Child 3 SSN or ITIN" field at print line 40, and "Child 3 Date of Birth" field at print line 44, **Otherwise, all four fields must be blank.** |
| 37 | Blank line | – | – | – | – |
| 38 | Line 6. Child 1 Last Name **If entry made in this field, there must be entries in "Child 1 First Name" field, "Child 1 SSN or ITIN" field and "Child 1 Date of Birth" field. Otherwise all four fields must be blank.** 19 | 19 | 17 | 35 | Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 1 First Name" field at print line 36, "Child 1 SSN or ITIN" field at print line 40, and "Child 1 Date of Birth" field at print line 44, **Otherwise, all four fields must be blank.** |
| 38 | Line 6. Child 2 Last Name **If entry made in this field, there must be entries in "Child 2 First Name" field, "Child 2 SSN or ITIN" field and "Child 2 Date of Birth" field. Otherwise all four fields must be blank.** 41 | 41 | 17 | 57 | Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 2 First Name" field at print line 36, "Child 2 SSN or ITIN" field at print line 40, and "Child 2 Date of Birth" field at print line 44, **Otherwise, all four fields must be blank.** |
| 38 | Line 6. Child 3 Last Name **If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 SSN or ITIN" field and "Child 3 Date of Birth" field. Otherwise all four fields must be blank.** 63 | 63 | 17 | 79 | Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 36, "Child 3 SSN or ITIN" field at print line 40, and "Child 3 Date of Birth" field at print line 44, **Otherwise, all four fields must be blank.** |
| 39 | Blank line | – | – | – | – |
| 40 | Line 7. Child 1 SSN or ITIN **If entry made in this field, there must be entries in "Child 1 First Name" field, "Child 1 Last Name" field and "Child 1 Date of Birth" field. Otherwise all four fields must be blank.** 19 | 19 | 9 | 27 | Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 1 First Name" field at print line 36, "Child 1 Last Name "field at print line 38, and "Child 1 Date of Birth" field at print line 44, **Otherwise, all four fields must be blank.** |
| 40 | Line 7. Child 2 SSN or ITIN **If entry made in this field, there must be entries in "Child 2 First Name" field, "Child 2 Last Name" field and "Child 2 Date of Birth" field. Otherwise all four fields must be blank.** 41 | 41 | 9 | 49 | Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 2 First Name" field at print line 36, "Child 2 Last Name" field at print line 38, and "Child 2 Date of Birth" field at print line 44, **Otherwise, all four fields must be blank.** |
| 40 | Line 7. Child 3 SSN or ITIN **If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 Last Name" field and "Child 3 Date of Birth" field. Otherwise all four fields must be blank.** 63 | 63 | 9 | 71 | Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 36, "Child 3 Last Name" field at print line 38, and "Child 3 Date of Birth" field at print line 44, **Otherwise, all four fields must be blank.** |
| 41-42 | Form area | 6 | – | 80 | Conventional form size/style |
| 43 | Blank Lines | – | – | – | – |
| 44 | Line 8. Child 1 Date of Birth **If entry made in this field, there must be entries in "Child 1 First Name" field, "Child 1 Last Name" field and "Child 1 SSN or ITIN" field. Otherwise all four fields must be blank.** 19 | 19 | 8 | 26 | Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 1 First Name" field at print line 36, "Child 1 Last Name" field at print line 38, and "Child 1 SSN or ITIN" field at print line 40, **Otherwise, all four fields must be blank.** |

*Absolute Positioning Form 3514 Specifications (Side 1)*

| Definitions | ALPHA | = | A-Z (MUST BE ALL CAPS) | Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in FieldDescription column. |
| | NUMERIC | = | 0-9 | |
| | ALPHANUMERIC | = | A-Z (MUST BE ALL CAPS), 0-9 | |

| Print Line Number | Identification | Begin Print Position | Maximum Field Length | End Print Position | Field Description |
|---|---|---|---|---|---|
| 44 | Line 8. Child 2 Date of Birth **If entry made in this field, there must be entries in "Child 2 First Name" field, "Child 2 Last Name" field and "Child 2 SSN or ITIN" field. Otherwise all four fields must be blank.** | 41 | 8 | 48 | Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 2 First Name" field at print line 36, "Child 2 Last Name" field at print line 38, and "Child 2 SSN or ITIN" field at print line 40, **Otherwise, all four fields must be blank.** |
| 44 | Line 8. Child 3 Date of Birth **If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 Last Name" field and "Child 3 SSN or ITIN" field. Otherwise all four fields must be blank.** | 63 | 8 | 70 | Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 36, "Child 3 Last Name" field at print line 38, and "Child 3 SSN or ITIN" field at print line 40, **Otherwise, all four fields must be blank.** |
| 45 | Blank line | – | – | – | – |
| 46-47 | Form area | 6 | – | 80 | Conventional form size/style |
| 48 | Line 9. Child 1 a. Yes-Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse/RDP, if filing jointly)? | 20 | 1 | 20 | Upper X=marked check box Blank=unmarked check box |
| 48 | Line 9. Child 1 a. No-Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse/RDP, if filing jointly)? | 27 | 1 | 27 | Upper X=marked check box Blank=unmarked check box |
| 48 | Line 9. Child 2 a. Yes-Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse/RDP, if filing jointly)? | 42 | 1 | 42 | Upper X=marked check box Blank=unmarked check box |
| 48 | Line 9. Child 2 a. No-Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse/RDP, if filing jointly)? | 49 | 1 | 49 | Upper X=marked check box Blank=unmarked check box |
| 48 | Line 9. Child 3 a. Yes-Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse/RDP, if filing jointly)? | 64 | 1 | 64 | Upper X=marked check box Blank=unmarked check box |
| 48 | Line 9. Child 3 a. No-Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse/RDP, if filing jointly)? | 70 | 1 | 70 | Upper X=marked check box Blank=unmarked check box |
| 49-50 | Form area | 6 | – | 80 | Conventional form size/style |
| 51 | Blank line | – | – | – | – |
| 52 | Child 1 b. Yes-Was the child permanently and totally disabled during any part of 2021? | 20 | 1 | 20 | Upper X=marked check box Blank=unmarked check box |
| 52 | Child 1 b. No-Was the child permanently and totally disabled during any part of 2021? | 27 | 1 | 27 | Upper X=marked check box Blank=unmarked check box |
| 52 | Child 2 b. Yes-Was the child permanently and totally disabled during any part of 2021? | 42 | 1 | 42 | Upper X=marked check box Blank=unmarked check box |
| 52 | Child 2 b. No-Was the child permanently and totally disabled during any part of 2021? | 49 | 1 | 49 | Upper X = marked check box Blank = unmarked check box |
| 52 | Child 3 b. Yes-Was the child permanently and totally disabled during any part of 2021? | 64 | 1 | 64 | Upper X=marked check box Blank=unmarked check box |

*Absolute Positioning Form 3514 Specifications (Side 1)*

| Definitions | ALPHA | = | A-Z (MUST BE ALL CAPS) | Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in FieldDescription column. |
| | NUMERIC | = | 0-9 | |
| | 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 | Child 3 b. No-Was the child permanently and totally disabled during any part of 2021? | 70 | 1 | 70 | Upper X=marked check box Blank=unmarked check box |
| 53 | Blank line | – | – | – | – |
| 54 | Form area | 6 | – | 80 | Conventional form size/style |
| 55 | Line 10. Child 1 Child's relationship to you. | 19 | 12 | 30 | Alpha |
| 55 | Line 10. Child 2 Child's relationship to you. | 41 | 12 | 52 | Alpha |
| 55 | Line 10. Child 3 Child's relationship to you. | 63 | 12 | 74 | Alpha |
| 56 | Blank line | – | – | – | – |
| 57-58 | Form area | 6 | – | 80 | Conventional form size/style |
| 59 | Line 11. Child 1 Number of days child lived with you in California during 2021. | 19 | 3 | 21 | Numeric |
| 59 | Line 11. Child 2 Number of days child lived with you in California during 2021. | 41 | 3 | 43 | Numeric |
| 59 | Line 11. Child 3 Number of days child lived with you in California during 2021. | 63 | 3 | 65 | Numeric |
| 60-61 | Blank lines | – | – | – | – |
| 62-63 | Bottom Registration Mark, Anchor Mark, and conventional Form 3514 | – | – | – | 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, "8461214" |

*Absolute Positioning Form 3514 Specifications (Side 2)*

| Definitions | ALPHA | = | A-Z (MUST BE ALL CAPS) | Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in FieldDescription column. |
| | NUMERIC | = | 0-9 | |
| | 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 | Anchor Mark | 59 | 2 | 60 | Anchor mark, Conventional form size/style |
| 5 | Blank line | – | – | – | – |
| 6-8 | Form area | 6 | – | 80 | Conventional form, size/style |
| 9 | Line 12. Child 1<br>a. Street Address (number and street and apt. no/ste. No.) | 29 | 35 | 63 | Alphanumeric. Embedded spaces, No punctuation, no symbols other than "/" or "-". |
| 10 | Blank line | – | – | – | – |
| 11 | Form area | 6 | – | 80 | Conventional form, size/style |
| 12 | Line 12. Child 1<br>b. City | 29 | 17 | 45 | Alphanumeric, Embedded spaces |
| 12 | Line 12 Child 1<br>c. State | 50 | 2 | 51 | Alpha If foreign address, leave State field blank. |
| 12 | Line 12. Child 1<br>d. ZIP code | 56 | 10 | 65 | Numeric, "-", If foreign address, leave Zip Code field blank. |
| 13 | Blank line | – | – | – | – |
| 14 | Form area | 6 | – | 80 | Conventional form, size/style |
| 15 | Line 12. Child 2<br>a.Street Address (number and street and apt. no/ste. No.) | 29 | 35 | 63 | Alphanumeric. Embedded spaces, No punctuation, no symbols other than "/" or "-" |
| 16 | Blank line | – | – | – | – |
| 17 | Form area | 6 | – | 80 | Conventional form, size/style |
| 18 | Line 12. Child 2<br>b. City | 29 | 17 | 45 | Alphanumeric, Embedded spaces |
| 18 | Line 12 Child 2<br>c. State | 50 | 2 | 51 | Alpha If foreign address, leave State field blank |
| 18 | Line 12. Child 2<br>d. ZIP code | 56 | 10 | 65 | Numeric, "-", If foreign address, leave Zip Code field blank |
| 19 | Blank line | – | – | – | – |
| 20 | Form area | 6 | – | 80 | Conventional form, size/style |
| 21 | Line 12. Child 3<br>a. Street Address (number and street and apt. no/ste. No.) | 29 | 35 | 63 | Alphanumeric. Embedded spaces, No punctuation, no symbols other than "/" or "-" |
| 22 | Blank line | – | – | – | – |
| 23 | Form area | 6 | – | 80 | Conventional form, size/style |
| 24 | Line 12. Child 3<br>b. City | 29 | 17 | 45 | Alphanumeric, Embedded spaces |
| 24 | Line 12 Child 3<br>c. State | 50 | 2 | 51 | Alpha If foreign address, leave State field blank |
| 24 | Line 12. Child 3<br>d. ZIP code | 56 | 10 | 65 | Numeric, "-", If foreign address, leave Zip Code field blank |
| 25-26 | Form area | 6 | – | 80 | Conventional form, size/style |
| 27 | Blank line | – | – | – | – |
| 28 | Line 13. Wages, salaries, tips and other employee compensation, subject to California Withholding. | 65 | 12 | 76 | Numeric |

**Absolute Positioning Form 3514 Specifications (Side 2)**

| Definitions | ALPHA | = | A-Z (MUST BE ALL CAPS) | Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in FieldDescription column. | | |
|---|---|---|---|---|
| | NUMERIC | = | 0-9 | |
| | ALPHANUMERIC | = | A-Z (MUST BE ALL CAPS), 0-9 | |

| Print Line Number | Identification | Begin Print Position | Maximum Field Length | End Print Position | Field Description |
|---|---|---|---|---|---|
| 29 | Blank line | – | – | – | – |
| 30 | Line. 14 IHSS Payments | 65 | 12 | 76 | Numeric |
| 31 | Blank line | – | – | – | – |
| 32 | Line 15. Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan | 65 | 12 | 76 | Numeric |
| 33 | Blank line | – | – | – | – |
| 34 | Line 16. Subtract line 14 and line 15 from line 13 | 65 | 12 | 76 | Numeric |
| 35 | Blank line | – | – | – | – |
| 36 | Line 17. Nontaxable combat pay | 65 | 12 | 76 | Numeric |
| 37 | Blank line | – | – | – | – |
| 38 | Line 18. Business income or (loss). | 65 | 12 | 76 | Numeric |
| 39 | Blank line | – | – | – | – |
| 40 | Line 18. a. Business name | 29 | 35 | 63 | Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation |
| 41 | Blank line | – | – | – | – |
| 42 | Form area | 6 | – | 80 | Conventional form, size/style |
| 43 | Line 18 b. Business address | 29 | 35 | 63 | Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation |
| 44 | Blank line | – | – | – | – |
| 45 | Form area | 6 | – | 80 | Conventional form, size/style |
| 46 | Line 18. City | 29 | 17 | 45 | Alphanumeric, Embedded spaces |
| 46 | Line 18 State | 50 | 2 | 51 | Alpha. If foreign address, leave State field blank. |
| 46 | Line 18 ZIP Code | 56 | 10 | 65 | Numeric, "-". If foreign address, leave ZIP Code field blank. |
| 47 | Blank line | – | – | – | – |
| 48 | Line 18. c. Business license number | 29 | 18 | 46 | Alphanumeric |
| 49 | Blank line | – | – | – | – |
| 50 | Line 18. d. SEIN | 29 | 8 | 36 | Numeric |
| 51 | Blank line | – | – | – | – |
| 52 | Line 18. e. Business code | 29 | 6 | 34 | Alphanumeric |
| 53 | Blank line | – | – | – | – |
| 54 | Line 19. California Earned Income | 65 | 12 | 76 | Numeric |
| 55-56 | Form area | 6 | – | 80 | Conventional form, size/style |
| 57 | Blank line | – | – | – | – |
| 58 | Line 20. California EITC. | 65 | 12 | 76 | Numeric |
| 59-61 | Blank lines | – | – | – | – |

*Absolute Positioning Form 3514 Specifications (Side 2)*

| Definitions | ALPHA | = | A-Z (MUST BE ALL CAPS) | Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in FieldDescription column. |
| | NUMERIC | = | 0-9 | |
| | ALPHANUMERIC | = | A-Z (MUST BE ALL CAPS), 0-9 | |

| Print Line Number | Identification | Begin Print Position | Maximum Field Length | End Print Position | Field Description |
|---|---|---|---|---|---|
| 62-63 | Bottom Registration Mark, Anchor Mark, and conventional Form 3514 | – | – | – | 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, "8462214" |

*Absolute Positioning Form 3514 Specifications (Side 3)*

| Definitions | ALPHA | = | A-Z (MUST BE ALL CAPS) | Use Courier 12-point font, not bold, for taxpayer data |
| | NUMERIC | = | 0-9 | (print lines 7–60) and CTP ID, Doc ID and Paper Return |
| | ALPHANUMERIC | = | A-Z (MUST BE ALL CAPS), 0-9 | Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in FieldDescription column. |

| 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 | Blank line | – | – | – | – |
| 6-7 | Form area | 6 | – | 80 | Conventional form, size/style |
| 8 | Blank line | – | – | – | – |
| 9 | Line 21. CA Exemption Credit Percentage from Form 540NR, Line 38. | 53 | 6 | 58 | Period, 1 whole number and 4 to right of decimal |
| 10 | Form area | 6 | – | 80 | Conventional form, size/style |
| 11 | Line 22. Nonresident or Part-Year Resident EITC. | 65 | 12 | 76 | Numeric |
| 12 | Blank line | – | – | – | – |
| 13-14 | Form area | 6 | – | 80 | Conventional form, size/style |
| 15 | Line 23. California Earned Income. | 65 | 12 | 76 | Numeric |
| 16 | Blank line | – | – | – | – |
| 17-21 | Form area | 6 | – | 80 | Conventional form, size/style |
| 22 | Blank line | – | – | – | – |
| 23 | Line 25. Excess Earned Income over threshold. | 65 | 12 | 76 | Numeric |
| 24 | Blank line | – | – | – | – |
| 25 | Line. 26. Divide line 25 by 100. | 75 | 5 | 79 | Period, 2 whole numbers and 2 to right of decimal |
| 26 | Form area | 6 | – | 80 | Conventional form, size/style |
| 27 | Line 27. Reduction amount. | 65 | 15 | 79 | Numeric |
| 28 | Blank line | – | – | – | – |
| 29-32 | Form area | 6 | – | 80 | Conventional form, size/style |
| 33 | Line 28. Young Child Tax Credit | 65 | 12 | 76 | Numeric |
| 34 | Blank line | – | – | – | – |
| 35 | Form area | 6 | – | 80 | Conventional form, size/style |
| 36 | Blank line | – | – | – | – |
| 37 | Line 29. CA Exemption Credit Percentage from Form 540NR, Line 38. | 53 | 6 | 58 | Period, 1 whole number and 4 to right of decimal |
| 38 | Blank line | – | – | – | – |
| 39 | Form area | 6 | – | 80 | Conventional form, size/style |
| 40 | Line 30. Nonresident or Part-year Resident YCTC | 65 | 12 | 76 | Numeric |
| 41-61 | Blank lines | – | – | – | – |
| 62-63 | Bottom Registration Mark, Anchor Mark, and conventional Form 3514 | – | – | – | 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, "8463214" |

*Absolute Positioning Form 3514 Entity Area Record Layout (Side 1)*
Note: Record Layout is Reduced

*Absolute Positioning Form 3514 Entity Area Record Layout (Side 2)*
Note: Record Layout is Reduced

## Absolute Positioning Form 3514 Entity Area Record Layout (Side 3)
Note: Record Layout is Reduced