

Scannable Form FTB 3563 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier Std 12-point font, not bold, for taxpayer data (print lines 51–58) 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
53	Name and Title of Fiduciary (mandatory)	9	33	41	Alphanumeric, Embedded spaces, No punctuation or symbols
54	Additional Information for In-Care-Of, Representative, or Attention name or other supplemental address information	9	35	43	Alphanumeric, Embedded spaces, No punctuation, No symbols other than “/” . If no in-care-of/representative/attention name or other supplemental address information, leave blank.
54	Executor/Guardian	46	17	62	Alphanumeric, no punctuation or symbols
55	Street Address (mandatory)	9	35	43	Alphanumeric, Embedded spaces, No punctuation, No symbols other than “/” or “-”
55	APT, STE, SP, RM, FL, BLDG, and UN	46	5	50	Alpha, “APT, STE, SP, RM, FL, BLDG, or UN.” Print only if there is a Number or Letter.
55	APT, STE, SP, RM, FL, BLDG, and UN Number or Letter	52	5	56	Alphanumeric, no symbols
55	Private Mail Box (PMB)	59	3	61	“PMB” . Print only if there is a Number or Letter.
55	Private Mail Box Number or Letter	63	6	68	Alphanumeric
56	City (mandatory)	9	17	25	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	28	2	29	Alpha, If foreign address, leave state field blank.
56	ZIP Code	32	10	41	Numeric, “-”, If foreign address, leave ZIP Code field blank.
57	If Foreign Country Name	9	19	27	Alphanumeric, Embedded spaces or blank. 2-character Country Abbreviation may be used.
57	If Foreign Province/State/County	30	17	46	Alphanumeric, Embedded spaces, or blank
57	If Foreign Postal Code	49	16	64	Alphanumeric, Embedded spaces, or blank
58	“Amount of Payment” (mandatory)	42	17	58	Print as: “Amount of Payment”
58	Estate’s or Trust’s Amount of Payment	63	10	72	Numeric, right aligned, whole dollars only. Decimal point must print at end of dollar amount at print position 72. Do not use commas.
59-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3563	–	–	–	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, “1231246”

