Scannable Form FTB 3522 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data
	NUMERIC	=	0-9	(print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

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	–	–	–	–
6-11	"DO NOT MAIL..." and box	12	62	73	Conventional form size/style
12	Blank line	–	–	–	–
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26	Blank line	–	–	–	–
27-34	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
35	Blank line	–	–	–	–
36-42	"ONLINE SERVICES" and box	12	62	73	Conventional form size/style
43-44	Blank lines	–	–	–	–
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	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2018"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3522) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2018"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3522) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	CA SOS File Number (mandatory)	6	12	17	Numeric, CA SOS File Number must begin with 19 or 20 (e.g., "199412345678"). SOS File Number is 12 digits. If not available, zero fill (e.g., "000000000000").
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	Numeric, "–", zero fill (e.g., "12-3456789" or "00-0000000")
51	Telephone Number	40	14	53	Numeric, "( )","–", no other symbols or punctuation, embedded space, or blank (e.g., (123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	"18"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, "0"

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	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

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" **only** 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" **only** 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, LJ, " 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, LJ, 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, LJ
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, "–", LJ. 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	73	4	76	Numeric, RJ, 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 conventional form FTB 3522	–	–	–	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, "6111186"

Scannable Form FTB 3522 Record Layout
Note: Record Layout is Reduced

Voucher at bottom of page.

IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS VOUCHER.

WHERE TO FILE

WHEN TO FILE

ONLINE SERVICES

DETACH HERE   IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER   DETACH HERE

TAXABLE YEAR

CALIFORNIA FORM

2018   Title of Form   **3522**

```
SOS FILE NO XXX     ECTL     FEIN XXXXXX     (XXX)  XXX-XXXX          18          FORM    X
TYB     MM-DD-YYYY          TYE     MM-DD-YYYY
LIMITED LIABILITY COMPANY NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDITIONAL INFORMATION XXXXXXXXXXXXXXX
STREET ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX     ST E XX     NO XXX     PMB   NO XXXXX
CITY XXXXXXXXXXXXXXX  ST     ZIP CODE XXX
FOREIGN COUNTRY NAME X     FOREIGN/P/S/C XXXX     POSTAL CODE XXXXXX
```

Amount of Payment   0 0 0 .

613   611 118.6