

GUIDELINES FOR SCANNABLE FORM FTB 3538

Scannable Form FTB 3538 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	"Form at bottom of page."	30	29	58	Conventional form size/style
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-7	Blank lines	-	-	-	-
8-20	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
21	Blank line	-	-	-	-
22-31	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
32	Blank line	-	-	-	-
33-42	"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	Title of Form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2017"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3538 (565)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2017"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3538 (565)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	-	-	-	-
51	Limited Partnership, Limited Liability Partnership, or REMIC Federal Employer Identification Number (FEIN) (mandatory)	6	10	15	Numeric, "-", or zero fill (e.g., "12-3456789" or "00-0000000")
51	Entity Name Control (First Four Characters of Limited Partnership, Limited Liability Partnership, or REMIC Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	CA Secretary of State (SOS) File Number (if available)	26	12	37	Numeric, CA SOS File Number must begin with 19 or 20 (e.g., "200412345678"). SOS File Number is 12 digits. If not available, zero fill (e.g., "000000000000")
51	Telephone Number	40	14	53	Numeric, "(", "-", embedded space, no other symbols or punctuation, or blank (e.g., (123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	"17"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, "0"

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Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB" Numeric, "-", Enter "MM-DD-YYYY" for fiscal or calendar year beginning, Enter "00-00-0000" only if TYB is unknown
52	Taxable Year Beginning (mandatory)	11	10	20	
52	Taxable Year Ending (mandatory)	24	3	26	"TYE" Numeric, "-", Enter "MM-DD-YYYY" for fiscal or calendar year ending, Enter "00-00-0000" only if TYE is unknown
52	Taxable Year Ending (mandatory)	29	10	38	
53	Name of Limited Partnership, Limited Liability Partnership, or REMIC (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" Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount - print position 76.
59	Amount of Payment	67	10	76	
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3538	-	-	-	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, "6211176"

