

Scannable Form FTB 3587 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 | - | - | - | - |
| 6-9 | "DO NOT MAIL ..." and box | 12 | 62 | 73 | Conventional form size/style |
| 10 | Blank line | - | - | - | - |
| 11-22 | "WHERE TO FILE" and box | 12 | 62 | 73 | Conventional form size/style |
| 23 | Blank line | - | - | - | - |
| 24-31 | "WHEN TO FILE" and box | 12 | 62 | 73 | Conventional form size/style |
| 32 | Blank line | - | - | - | - |
| 33-40 | "ONLINE SERVICES" and box | 12 | 62 | 73 | Conventional form size/style |
| 41-44 | 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 (3587 (e-file)) 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 (3587 (e-file)) 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 | Limited Partnership, Limited Liability Partnership, or REMIC 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" |

GUIDELINES FOR SCANNABLE FORM FTB 3587

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 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 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" |
| 59 | Amount of Payment | 67 | 10 | 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 3587 | - | - | - | 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, "6191176" |

Scannable Form FTB 3587 Record Layout
Note: Record Layout is Reduced

Form grid with fields for 'WHERE TO FILE', 'WHEN TO FILE', 'ONLINE SERVICES', 'DETACH HERE', 'TAXABLE YEAR 2017', 'Title of Form', 'CALIFORNIA FORM 3587 (e-file)', 'Amount of Payment', and various alphanumeric input fields.