Scannable Form	FTB 3538	Specifications
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Use Courier 12-point font, not bold, for taxpayer data (print lines 51–59) and CTP ID and doc. ID (print line 63). Definitions: ALPHA A-Z (MUST BE ALL CAPS)

NUMERIC 0-9 =

A-Z (MUST BE ALL CAPS), 0-9 All printed text and data must be Left Aligned unless ALPHANUMERIC

	ALPHANUMERIC = A-Z (MUST BE AL	L CAPS), 0-9		text and data must be Left Aligned unless struction is provided in Field Description
Print Line Number	Identification	Begin Print Position	Maximum Field <u>Length</u>	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	_	F)	_	-
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 "2029"	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 "2029"	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 be 12 digits. If less than 12 digits, proceed with zeros. 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	"29"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, "0"

Scannable Form FTB 3538 Specifications

Use Courier 12-point font, not bold, for taxpayer data Definitions: ALPHA A-Z (MUST BE ALL CAPS) (print lines 51-59) and CTP ID and doc. ID (print line 63).

NUMERIC 0-9

52 Ta: 52 Ta: 52 Ta: 52 Ta: Na Lia	entification xable Year Beginning (mandatory) xable Year Beginning (mandatory) xable Year Ending (mandatory) xable Year Ending (mandatory) ame of Limited Partnership, Limited ability Partnership, or REMIC	Begin Print Position 6 11 24	Maximum Field Length 3 10 3	End Print Position 8 20 26	Field Description "TYB" Numeric, "—", Enter "MM-DD-YYYY" for fiscal or calendar year beginning, Enter "00-00-0000" only if TYB is unknown "TYE" Numeric, "—", Enter "MM-DD-YYYY" for fiscal or
Number Ide 52 Tax 52 Tax 52 Tax 52 Tax Lia Na Lia Lia	xable Year Beginning (mandatory) xable Year Beginning (mandatory) xable Year Ending (mandatory) xable Year Ending (mandatory) ame of Limited Partnership, Limited	Position 6 11 24	10 3	Position 8 20	Description "TYB" Numeric, "—", Enter "MM-DD-YYYY" for fiscal or calendar year beginning, Enter "00-00-0000" only if TYB is unknown "TYE"
52 Ta: 52 Ta: 52 Ta: 52 Ta: 52 Ta: Lia	xable Year Beginning (mandatory) xable Year Beginning (mandatory) xable Year Ending (mandatory) xable Year Ending (mandatory) ame of Limited Partnership, Limited	11 24	10 3	20	"TYB" Numeric "-", Enter "MM-DD-YYYY" for fiscal or calendar year beginning, Enter "00-00-0000" only if TYB is unknown "TYE"
52 Ta: 52 Ta: 52 Ta: Na Lia	xable Year Beginning (mandatory) xable Year Ending (mandatory) xable Year Ending (mandatory) ame of Limited Partnership, Limited	11 24	10 3	20	Numeric, "–", Enter "MM-DD-YYYY" for fiscal or calendar year beginning, Enter "00-00-0000" only if TYB is unknown "TYE"
52 Ta: 52 Ta: Na Lia	xable Year Ending (mandatory) xable Year Ending (mandatory) ame of Limited Partnership, Limited	24	3		"TYE"
52 Ta: Na Lia	xable Year Ending (mandatory) ame of Limited Partnership, Limited			26	
Na Lia	ame of Limited Partnership, Limited	29	10		Numeric, "-", Enter "MM-DD-YYYY" for fiscal or
Lia	• •		10	38	calendar year ending. Enter "00-00-0000" only if TYE is unknown
53 (m	andatory)	6	70	75	Alphanumeric, Embedded spaces, "-", "&", No other symbols or punctuation
Ad Ov Att	Iditional Information for wher, Representative, tention name, or bing Business As (DBA) 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 Str	reet Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
55 ST	TE, RM, FL, BLDG, and UN	43	5	47	Alpha, "STE, RM, FL, BLDG, or UN". Print only if there is a Number or Letter.
	TE, RM, FL, BLDG, AND UN umber or Letter	50	5	54	Alphanumeric, no symbols
55 Pri	ivate Mail Box (PMB)	57	3	59	"PMB". Print only if there is a Number or Letter.
55 Pri	ivate Mail Box Number of Letter	61	6	66	Alphanumeric
56 Cit	ty (mandatory)	6	17	22	Alphanumeric, Embedded spaces
	ate (mandatory) (Use Standard obreviations in this publication.)	25	2	26	Alpha. If foreign address, leave State field blank.
56 ZIF	P Code	29	10	38	Numeric, "-". If foreign address, leave ZIP Code field blank.
57 If F	Foreign Country Name	6	19	24	Alphanumeric, Embedded spaces, or blank. 2-character Country Abbreviation may be used.
57 If F	Foreign Province/State/County	27	17	43	Alphanumeric, Embedded spaces, or blank
57 If F	Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank
58 Bla	ank line	_	_	_	_
59 "Aı	mount of Payment" (mandatory)	46	17	62	Print as: "Amount of Payment"
59 An	nount of Payment	67	10	76	Numeric, Right Aligned, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
	ank lines	_	-	-	_
Во	ottom Registration Mark, Anchor Mark, and conventional form FTB 3538	_	_	_	End of bottom registration mark, anchor mark, and conventional form size/style
	ΓΡ ID (mandatory)	32	3	34	Numeric, replace '613" with your assigned CTP ID.
	oc. ID (mandatory)	40	7	46	Numeric, "6211296"

Scannable Form FTB 3538 Record Layout

Note: Record Layout is Reduced

