

Scannable Form FTB 3519 Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier 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  
 ALPHANUMERIC = A-Z (MUST BE ALL CAPS), 0-9 specific instruction is provided in Field Description column.

| 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                 | Blank line  | –                    | –                    | –                  | –  |
| 6-11              | “DO NOT MAIL ...” and box   | 12                   | 62                   | 73                 | Conventional form size/style                         |
| 12-13             | Blank lines   | –                    | –                    | –                  | –  |
| 14-26             | “WHERE TO FILE” and box   | 12                   | 62                   | 73                 | Conventional form size/style                         |
| 27                | Blank line  | –                    | –                    | –                  | –  |
| 28-35             | “WHEN TO FILE” and box  | 12                   | 62                   | 73                 | Conventional form size/style                         |
| 36                | Blank line  | –                    | –                    | –                  | –  |
| 37-42             | “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                | “CAUTION: You may be required to pay electronically. See instructions.” | 6                    | 46                   | 51                 | Conventional form size/style                         |
| 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 “2020”  | 7                    | 6                    | 12                 | Conventional form size/style                         |
| 48                | Title of Form   | 15                   | 37                   | 51                 | Conventional form size/style                         |
| 48                | Form Identifier (3519 (PIT)) Area                                       | 70                   | 9                    | 78                 | Conventional form size/style                         |
| 49                | Taxable Year Area “2020”  | 7                    | 6                    | 12                 | Conventional form size/style                         |
| 49                | Title of Form   | 15                   | 37                   | 51                 | Conventional form size/style                         |
| 49                | Form Identifier (3519 (PIT)) Area                                       | 70                   | 9                    | 78                 | Conventional form size/style                         |
| 49                | Bold line   | 6                    | 75                   | 80                 | Conventional form size/style                         |
| 50                | Blank line  | –                    | –                    | –                  | –  |
| 51                | Taxpayer’s SSN or ITIN (mandatory)                                      | 9                    | 11                   | 19                 | Numeric, “–”   |
| 51                | Name Control (First 4 Letters of Taxpayer’s Last Name) (mandatory)      | 22                   | 4                    | 25                 | Alpha, No embedded spaces, No symbols or punctuation |
| 51                | If Joint Return, Spouse’s/RDP’s SSN or ITIN (mandatory)                 | 31                   | 11                   | 41                 | Numeric, “–”   |
| 51                | Form Year Indicator   | 59                   | 2                    | 60                 | “20”   |
| 52                | Taxpayer’s First Name (mandatory)                                       | 9                    | 11                   | 19                 | Alpha, No embedded spaces                            |
| 52                | Taxpayer’s Middle Initial   | 22                   | 1                    | 22                 | Alpha  |
| 52                | Taxpayer’s Last Name (mandatory)  | 25                   | 35                   | 59                 | Alpha  |
| 52                | Taxpayer Suffix   | 62                   | 4                    | 65                 | Alphanumeric   |

**GUIDELINES FOR SCANNABLE FORM FTB 3519**

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| Print Line Number | Identification  | Begin Print Position | Maximum Field Length | End Print Position | Field Description  |
|-------------------|---|----------------------|----------------------|--------------------|--|
| 53                | If Joint Return, Spouse's/RDP's First Name (mandatory)                | 9                    | 11                   | 19                 | Alpha, No embedded spaces. If no spouse/RDP name, leave the applicable fields on print line 53 blank.  |
| 53                | If Joint Return, Spouse's/RDP's Middle Initial                        | 22                   | 1                    | 22                 | Alpha. If no spouse/RDP name, leave the applicable fields on print line 53 blank.  |
| 53                | If Joint Return, Spouse's/RDP's Last Name (mandatory)                 | 25                   | 35                   | 59                 | Alpha. If no spouse/RDP name, leave the applicable fields on print line 53 blank.  |
| 53                | Spouse Suffix   | 62                   | 4                    | 65                 | Alphanumeric. If no spouse/RDP name, leave the applicable fields on print line 53 blank.   |
| 54                | Additional Information  | 9                    | 35                   | 43                 | Alphanumeric, Embedded spaces, "/" No other symbols or punctuation. If no "in-care-name" and additional information leave print line 54 blank. |
| 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"   | 42                   | 17                   | 58                 | Print as: "Amount of payment"  |
| 58                | Taxpayer'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. <b>Do not use commas.</b> |
| 59-61             | Blank lines   | -                    | -                    | -                  | -  |
| 62-63             | Bottom Registration Mark, Anchor Mark, and conventional form FTB 3519 | -                    | -                    | -                  | 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, "1221296"   |

Scannable Form FTB 3519 Record Layout
Note: Record Layout is Reduced

Form grid with fields for TAXABLE YEAR (2020), Title of Form, CALIFORNIA FORM (3519 (PIT)), and various identification numbers. Includes instructions like 'DO NOT MAIL' and 'WHERE TO FILE'.