Scannable Form FTB 3582 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)
	NUMERIC	=	0-9
	ALPHANUMERIC	=	A-Z (MUST BE ALL CAPS), 0-9

Use Courier 12-point font, not bold, for taxpayer data (print lines 51–58) and CTP ID and doc. ID (print line 63). All printed text and data must be Left Aligned unless 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	"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	–	–	–	–
27-35	"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 "3582 (e-file)" 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 "3582 (e-file)" 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's Suffix	62	4	65	Alpha
53	If Joint Return, Spouse's/RDP's First Name (mandatory)	9	11	19	Alpha, No embedded spaces
53	If Joint Return, Spouse's/RDP's Middle Initial	22	1	22	Alpha

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Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data
	NUMERIC	=	0-9	(print lines 51–58) and CTP ID and doc. ID (print line 63).
	ALPHANUMERIC	=	A-Z (MUST BE ALL CAPS), 0-9	All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
53	If Joint Return, Spouse's/RDP's Last Name (mandatory)	25	35	59	Alpha
53	Spouse's/RDP's Suffix	62	4	65	Alpha
54	Additional Information	9	35	43	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/". If no "in-care-name" and additional information leave print line 54 blank.
55	Street Address (mandatory)	9	35	43	Alphanumeric, 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" (mandatory)	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. **Do not use commas.**
59-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form FTB 3582	–	–	–	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, "1251206"

Scannable Form FTB 3582 Record Layout
Note: Record Layout is Reduced

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.
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

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR		CALIFORNIA FORM
2020	**Title of Form**	**3582(e-file)**

PSSNXXXXXXX   NCTL   S/RSSNXXXXX   20
PFIRSTNAMEX   X   PLASTNAMEXXXXXXXXXXXXXXXXXXXXXXX   SFFX
S/RFIRSTNAM   X   S/RLASTNAMEXXXXXXXXXXXXXXXXXXXXXX   SFFX
ADDITIONALINFORMATIONXXXXXXXXXXXXX
STREETADDRESSXXXXXXXXXXXXXXXXXXXX   APTXX NOXXX   PMB NOXXXX
CITYXXXXXXXXXXXXX   ST   ZIPCODEXXX
FOREIGNCOUNTRYNAMEX   FOREIGN/P/S/CXXXX   POSTALCODEXXXXX
Amount of payment   000000000.

613   1251206