		Absolu	te Positioning Fo	orm 540 2EZ S	Specificatio	ns (Side 1)
Definitions	ALPHA NUMERIC ALPHANUMERIC	= = =	A-Z (MUST BE AI 0-9 A-Z, (MUST BE A		(print lines Survey. (p Left Aligne	fer 12-point font, not bold, for taxpayer data is 7–60) and CTP ID, Doc ID and Paper Return rint line 63). All printed text and data must be ed unless specific instruction is provided in Field on column.
Print Line <u>Number</u>	Identification		Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field <u>Description</u>
1-3	Blank lines		_	_	_	
4	"Taxable Year" and "Underlin	e"	6	8	13	Conventional form size/style
4	Title of Form		15	42	56	Conventional form size/style
4	Anchor Mark		59	2	60	Anchor mark, Conventional form size/style
4	"Form" and "Underline"		69	11	79	Conventional form size/style
5	Tax Year Area		7	6	12	Conventional form size/style
5	Title of Form		15	42	56	Conventional form size/style
5	Form Identifier (540 2EZ) Ar	ea	70	9	78	Conventional form size/style
6	Tax Year Area		7	6	12	Conventional form size/style
6	Title of Form		15	42	56	Conventional form size/style
6	Form Identifier (540 2EZ) Ar	ea	70	9	78	Conventional form size/style
6	Bold Line		6	-	80	Conventional form size/style
7	Amended		6		12	"AMENDED" If Amended = Yes – print "AMENDED" If Amended = No – leave blank
7	Amended Tax Return		16	1	16	"1" If Amended = Yes - Print "1" If Amended = No - Leave blank
7	Account Period Ending		37	3	39	"APE"
7	Fiscal Year Ending		42	6	47	MMYYYY or leave blank
7	Federal Return Attachment A	rea	52	29	80	LEAVE BLANK

ARRP Area

ARRP Area

Taxpayer's SSN (or ITIN) (mandatory)

Spouse's/RDP's SSN (or ITIN) (mandatory)

Name Control (First 4 Letters of

If Joint or Separate Tax Return,

Form Year Indicator (mandatory)

Taxpayer's First Name (mandatory)

Taxpayer's Last Name (mandatory)

Death, otherwise, leave blank

Taxpayer - If Deceased, must Enter Date of

Last Name) (mandatory)

Taxpayer's Middle Initial

Taxpayer's Suffix

ARRP Area

Numeric, "-", mm-dd-yyyy (e.g., 08-01-2021),

Conventional form size/style

Alpha, No Embedded Spaces,

No symbols or punctuation

Conventional form size/style

Alpha, No Embedded Spaces

Conventional form size/style

Numeric, "-"

Numeric, "-"

Alpha, or blank

Alpha, or blank

"21"

Alpha

or blank

		Absolute Posit	ioning Fo	orm 540 2EZ \$	Specification	ns (Side 1)
Definitions	ALPHA NUMERIC ALPHANUMERIC	= 0-9	UST BE AL	LL CAPS)	(print lines Survey. (pr	er 12-point font, not bold, for taxpayer data 7–60) and CTP ID, Doc ID and Paper Return int line 63). All printed text and data must be d unless specific instruction is provided in Field column.
Print Line <u>Number</u>	<u>Identification</u>		Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field Description
11	If Joint Spouse's/RDP's First Name (mandatory)		6	11	16	Alpha, No Embedded Spaces
11	If Joint Tax Return, Spouse's/F	RDP's Middle Initial	19	1	19	Alpha, or blank
11	If Joint Tax Return, Spouse's/ (mandatory)	RDP's Last Name	22	35	56	Alpha
11	If Joint Tax Return, Spouse's/	RDP's Suffix	59	4	62	Alpha, or blank
11	If Joint Tax Return, Spouse/R must Enter Date of Death, ot leave blank		, 65	10	74	Numeric, "-", mm-dd-yvyy (e.g., 08-01-2021), or blank
11	ARRP Area		78	3	80	Conventional form size/style
12	Additional Information for In-Care-Of Name or Supplemental Address Inform	nation	6	35	40	Alphanumenc, Embedded spaces, No punctuation, no symbols other than "/". If no "in-care-name" and supplemental address information leave blank.
12	Executor/Guardian		43	35	77	Alphanumeric
12	ARRP Area		78	3	80	Conventional form size/style
13	Street Address (mandatory)		6	35	40	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/" or "-"
13	APT, STE, SP, RM, FL, BLDG	a, and UN	43	5	47	Alpha, "APT, STE, Sp, RM, FL, BLDG, or UN". Print only if there is a Number or Letter.
13	APT, STE, SP, RM, FL, BLDG AND UN Number or Letter),	49	5	53	Alphanumeric, no symbols
13	Private Mail Box (PMB)	10	56	3	58	Print "PMB" only when there is a "PMB" number or letter.
13	Private Mail Box Number or L	etter	60	6	65	Alphanumeric, or blank
13	ARRP Area		78	3	80	Conventional form size/style
	1					Alpha only, Courier 12-point font, any order, or blank D = Taxpayer deceased
13	ARRP Area (continued) RP C	codes:	79	2	80	C = Spouse/RDP deceased
14	City (mandatory)		6	17	22	Alphanumeric, Embedded spaces
14	State (mandatory) Use the St Abbreviations in this publicati		25	2	26	Alpha. If foreign address, leave State field blank.
14	ZIP Code		29	10	38	Numeric, "—", If foreign address, leave Zip Code field blank.
14	ARRP Area		78	3	80	Conventional form size/style
14	APPR Area (continued) PR C	'adaa:	70	2	90	Alphanumeric, Courier 12-point font, any order, or blank E = IRC 965 O = Outside the USA U = Military
14	ARRP Area (continued) RP C	oues.	78	3	80	9 = Disaster Alphanumeric, Embedded spaces, or blank.
15	If Foreign Country Name		6	19	24	2-character County Abbreviation may be used.
15	If Foreign Province/State/Cou	nty	27	17	43	Alphanumeric, Embedded spaces, or blank
15	If Foreign Postal Code		46	16	61	Alphanumeric, Embedded spaces, or blank

	Absolute Posi	tioning Fo	rm 540 2EZ S	Specification	s (Side 1)
Definitions	NUMERIC = 0-9	IUST BE AL	LL CAPS)	(print lines Survey. (pri	r 12-point font, not bold, for taxpayer data 7–60) and CTP ID, Doc ID and Paper Return nt line 63). All printed text and data must be d unless specific instruction is provided in Field column.
Print Line Number	<u>Identification</u>	Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field Description
16	Taxpayer's Date of Birth	6	10	 15	or blank
16	If Joint or Separate Tax Return, Spouse's/RDP's Date of Birth	18	10	27	Numeric, "-", mm-dd-yyyy (eg., 06-13-1948), or blank Alpha, Last name only, or leave blank (e.g.,
16	Taxpayer's Prior Name (if applicable)	30	17	46	Marriage/RDP in the current tax year changes spouse's/RDP's maiden name) Alpha, Last name only, or leave blank (e.g.,
	If Joint Tax Return, Spouse's/RDP's Prior Nam	е			Marriage/RDP in the current tax year changes
16	(if applicable)	49	17	65	spouse's/RDP's maiden name)
17-32	Blank lines	_	_		
33-60	Form area with absolute position data fields	_	-	-	Conventional form size/style with absolute position data fields
33-34	Form area	6	_	80	Conventional form, size/style
35	County	13	17	29	Alphanumeric, Embedded spaces or blank
36	Address above same as principle/ physical address	79		79	Upper X = marked check box Blank = unmarked check box
37	Blank line		V	-	-TX
38-39	Form area	6	4	80	Conventional form, size/style
40	Street address	13	35	47	Alphanumeric, Embedded spaces, No punctuation, no symbols other than "/" or "-"
40	APT, STE	58	5	62	Alphanumeric, no symbols
41	Blank line	-	-		-
42	Form area	6	-	80	Conventional form, size/style
43	City	13	17	29	Alphanumeric, Embedded spaces
43	State	58	2	59	Alpha. If foreign address, leave State field Blank.
43	Zip Code	65	10	74	Numeric, "-," If foreign address, leave Zip Code field blank.
44-45	Blank lines		-	-	-
46-48	Form area	6	-	80	Conventional form, size/style
					Upper X = marked check box
49	Line 1. Single	11	1	11	Blank = unmarked check box
49	Line 5. Qualifying Widow(er)	43	1	43	Upper X = marked check box Blank = unmarked check box
50	Blank line	_	_	_	_
51	Line 2. Married/RDP filing jointly	11	1	11	Upper X = marked check box Blank = unmarked check box
52	Blank line	_	_	_	_
53	Line 4. Head of household	11	1	11	Upper X = marked check box Blank = unmarked check box
54-55	Blank lines	_			_
	Line 6. Claimed as a Dependent on Another Return				Upper X = marked check box
56	Blank lines	78	1	78	Blank = unmarked check box
57-61	טומוו אוווופט	_	_	_	

		Absolute Pos	sitioning Fo	rm 540 2EZ \$	Specification	s (Side 1)
Definitions	ALPHA NUMERIC ALPHANUMERIC	= 0-9	MUST BE AL (MUST BE A	L CAPS) LL CAPS) 0-9	(print lines Survey. (pr	er 12-point font, not bold, for taxpayer data 7–60) and CTP ID, Doc ID and Paper Return int line 63). All printed text and data must be d unless specific instruction is provided in Field n column.
Print Line <u>Number</u>	<u>Identification</u>		Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field <u>Description</u>
62-63	Bottom Registration Mark, An conventional Form 540 2EZ	chor Mark, and	-	_	_	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, "3111214"
63	Paper Return Survey		53	1	53	Print Reason Codes, Numeric "1" = I believe there is an extra cost to e-file "2" = I believe e-filing is not secure "3" = I do not want 3"d party software to have my data "4" = I do not want Franchise Tax Board to have my data "5" = My Federal e-file return was rejected "6" = I have no Internet connection Or blank

	Absolute Posi	itioning Fo	rm 540 2EZ S	Specification	s (Side 2)
Definitions	NUMERIC = 0-9	MUST BE AL	LL CAPS)	(print lines Survey. (pri	r 12-point font, not bold, for taxpayer data 7–60) and CTP ID, Doc ID and Paper Return nt line 63). All printed text and data must be d unless specific instruction is provided in Field column.
Print Line Number	Identification	Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field Description
1-3	Blank lines	_	_	_	
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-6	Form area	6	_	80	Conventional form size/style
7-60	Form area with absolute position data fields	_	_	_	Conventional form size/style with absolute position data fields
7	Form area	6	_	80	Conventional form size/style
8	Blank line	-	_	-	
9	Line 7. Senior Exemption Count	78	1	78	"0," "1," "2"
10	Blank line	_	_	-	_
11	Line 8. Dependent Exemption Count	77	2	78	Numeric, For Example "1," "2," "3""99"
12	Blank line	_	_	-	
13	Form area	6	_	80	Conventional form, size/style
10	Line 8. Dependent 1 First Name				Alpha, No Embedded Spaces. If entry made in
14	If entry made in this field, there must be entries in "Dependent 1 Last Name" field, "Dependent 1 SSN" field, and "Dependent 1 Relationship" field. Otherwise, all four fields must be blank.	20	11	30	this field, there must be entries in "Dependent 1 Last Name" field at print line 16, "Dependent 1 SSN" field at print line 18, "Dependent 1 Relationship" field at print line 20. Otherwise, all four fields must be blank.
14	Line 8. Dependent 2 First Name If entry made in this field, there must be entries in "Dependent 2 Last Name" field, "Dependent 2 SSN" field, and "Dependent 2 Relationship" field. Otherwise, all four fields must be blank	42	11	52	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Dependent 2 Last Name" field at print line 16, "Dependent 2 SSN" field at print line 18, "Dependent 2 Relationship" field at print line 20. Otherwise, all four fields must be blank.
14	Line 8. Dependent 3 First Name If entry made in this field, there must be entries in "Dependent 3 Last Name" field, "Dependent 3 Relationship" field, and "Dependent 3 SSN" field. Otherwise, all four fields must be blank.	63	11	73	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Dependent 3 Last Name" field at print line 16, "Dependent 3 SSN" field at print line 18, "Dependent 3 Relationship" field at print line 20. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
15	Blank line	_	_	_	_
	Line 8. Dependent 1 Last Name				
16	If entry made in this field, there must be entries in "Dependent 1 First Name" field, "Dependent 1 Relationship" field and "Dependent 1 SSN" field. Otherwise, all four fields must be blank.	20	17	36	Alpha. If entry made in this field, there must be entries in "Dependent 1 First Name" field at print line 14, "Dependent 1 SSN" at print line 18, and "Dependent 1 Relationship" field at print line 20. Otherwise, all four fields must be blank.
	Line 8. Dependent 2 Last Name				
16	If entry made in this field, there must be entries in "Dependent 1 First Name" field, "Dependent 1 Relationship" field and "Dependent 1 SSN" field. Otherwise, all four fields must be blank.	42	17	58	Alpha. If entry made in this field, there must be entries in "Dependent 2 First Name" field at print line 14, "Dependent 2 SSN" at print line 18, and "Dependent 2 Relationship" field at print line 20. Otherwise, all four fields must be blank.
					· · · · · · · · · · · · · · · · · · ·

	A	bsolute Posi	tioning Fo	rm 540 2EZ S	Specification	ns (Side 2)
Definitions	ALPHA NUMERIC ALPHANUMERIC	= 0-9	MUST BE AL	L CAPS) LL CAPS) 0-9	(print lines Survey. (p	ier 12-point font, not bold, for taxpayer data 57–60) and CTP ID, Doc ID and Paper Return rint line 63). All printed text and data must be ed unless specific instruction is provided in Field in column.
Print Line <u>Number</u>	Identification		Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field <u>Description</u>
	Line 8. Dependent 3 Last Name					Alpha. If entry made in this field, there must be entries in "Dependent 3 First Name" field at print
16	If entry made in this field, the entries in "Dependent 1 First "Dependent 1 Relationship" and "Dependent 1 SSN" field all four fields must be blank.	Name" field, iield	63	17	79	line 14, "Dependent 3 SSN" at print line 18, and "Dependent 3 Relationship" field at print line 20. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
17	Blank line		_	_	-	
	Line 8. Dependent 1 SSN	ı				Numeric. If entry made in this field, there must be
18	If entry made in this field, the entries in "Dependent 1 First "Dependent 1 Last Name" fie and "Dependent 1 Relationsh Otherwise, all four fields mus	Name" field, ld ip" field.	20	9	28	entries in "Dependent 1 First Name" field at print line 14, "Dependent 1 Last Name" field at print line 16 and "Dependent 1 Relationship" field at print line 20 Otherwise, all four fields must be blank.
18	Line 8. Dependent 2 SSN If entry made in this field, the entries in "Dependent 2 First "Dependent 2 Last Name" fie and "Dependent 2 Relationsh Otherwise, all four fields must	Name" field, ld lip" field.	42		50	Numeric. If entry made in this field, there must be entries in "Dependent 2 First Name" field at print line 14, "Dependent 2 Last Name" field at print line 6 and "Dependent 2 Relationship" field at print line 20. Otherwise, all four fields must be blank.
18	Line 8. Dependent 3 SSN If entry made in this field, the entries in "Dependent 3 First "Dependent 3 Last Name" fie and "Dependent 3 Relationsh Otherwise, all four fields must	Name" field, Id lip" field.	63	9	71	Numeric. If entry made in this field, there must be entries in "Dependent 3 First Name" field at print line 14, "Dependent 3 Last Name" field at print line 16 and "Dependent 3 Relationship" field at print line 20. Otherwise, all four fields must be blank. (Exception: If more than three dependents, leave blank.)
19	Blank line		- (_	_	
20	Line 8. Dependent 1 Relationshif entry made in this field, the entries in "Dependent 1 First "Dependent 1 Last Name" fie and "Dependent 1 SSN" field all four fields must be blank.	re must be Name" field, Id	20	12	31	Alpha. If entry made in this field, there must be entries in "Dependent 1 First Name" field at print line 14, "Dependent 1 Last Name" field at print line 16, and "Dependent 1 SSN" field at print line 18. Otherwise, all four fields must be blank.
20	Line 8. Dependent 2 Relationshif entry made in this field, the entries in "Dependent 2 First "Dependent 2 Last Name" field and "Dependent 2 SSN" field all four fields must be blank.	re must be Name" field, Id	42	12	53	Alpha. If entry made in this field, there must be entries in "Dependent 2 First Name" field at print line 14, "Dependent 2 Last Name" field at print line 16, and "Dependent 2 SSN" field at print line 18. Otherwise, all four fields must be blank.
	Line 9 Dependent 2 Deletional	nin.				Alpha. If entry made in this field, there must be
20	Line 8. Dependent 3 Relationsh If entry made in this field, the entries in "Dependent 3 First "Dependent 3 Last Name" fie and "Dependent 3 SSN" field all four fields must be blank.	re must be Name" field, Id	63	12	74	entries in "Dependent 3 First Name" field at print line 14, "Dependent 3 Last Name" field at print line 16, and "Dependent 3 SSN" field at print line 18. Otherwise, all four fields must be blank. (Exception: If more than three dependents, print "SEE ATTACHED".
21	Blank line		_	_	_	_
22	Form area		6	_	80	Conventional form size/style

Absolute Positioning Form 540 2EZ Specifications (Side 2)

Definitions	NUMERIC = 0-9	MUST BE AL	L CAPS) LL CAPS) 0-9	(print lines 7 Survey. (prin	r 12-point font, not bold, for taxpayer data 7–60) and CTP ID, Doc ID and Paper Return nt line 63). All printed text and data must be unless specific instruction is provided in Field column.
Print Line Number	Identification	Begin Print Position	Maximum Field <u>Length</u>	End Print Position	Field Description
23	Line 9. Total wages from Form(s) W-2	63	15	77	Numeric
24	Blank line	_	_		_
25	Line 10. Total interest income	63	15	77	Númeric
26	Blank line	_	_	_	
27	Line 11. Total dividend income	63	15	77	Numeric
28	Blank line	_	_	-	Conventional form, size/style
29	Line 12. Taxable pension amount	63	15	77	Numeric
30	Form area	6	-	80	Conventional form, size/style
	Line 13. Total capital gains distributions from			77	
31	mutual funds	63	15	77	Numeric
32	Blank line	-	-	-	-
33	Line 16. Add lines 9 to 13	63	15	77	Numeric
34-35	Form area	6		80	Conventional form, size/style
36	Line 17. Tax from tax table	69	9	77	Numeric
37	Form area	6	-	80	Conventional form, size/style
38	Line 18. Senior exemption	73	5	77	Numeric
39	Blank line	7	_	-	-
40	Line 19. Nonrefundable renter's credit	73	5	77	Numeric
41	Blank line		-		_
42	Line 20. Credits	73	5	77	Numeric
43	Blank lines	_	-	_	-
44	Line 21. Tax	73	5	77	Numeric
45	Blank lines	- 🔷	_	_	_
46	Line 22. Total tax withheld	71	7	77	Numeric
47	Blank line			_	_
48	Line 23. Earned Income Tax Credit (EITC)	73	5	77	Numeric
49	Blank Line	-	-	_	_
50	Line 24. Young Child Tax Credit (YCTC)	71	7	77	Numeric
51	Blank Line	_	_	_	_
52	Line 25. Total payments	71	7	77	Numeric
53	Form area	6	-	80	Conventional form, size/style
54	Line 26. Use tax	48	7	54	Numeric
55	Blank line	-	-	_	_
56-57	Form area	6	-	80	Conventional form, size/style
58	Full year health care coverage	79	1	79	Upper X = marked check box Blank = unmarked check box
59	Blank line	_	-	_	_
60	Line 27. Individual Shared Responsibility (ISI Penalty	R) 63	15	77	Numeric

		Absolute Posi	tioning Fo	rm 540 2EZ \$	Specification	es (Side 2)
Definitions	ALPHA NUMERIC ALPHANUMERIC	= 0-9	MUST BE AL	L CAPS) LL CAPS) 0-9	(print lines Survey. (pr	er 12-point font, not bold, for taxpayer data 7–60) and CTP ID, Doc ID and Paper Return int line 63). All printed text and data must be d unless specific instruction is provided in Field n column.
Print Line <u>Number</u>	Identification		Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field Description
61	Blank line	,	_	_	_	_
62-63	Bottom Registration Mark, Ar conventional Form 540 2EZ	nchor Mark, and	_	_	_	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, "3112214"
63	Paper Return Survey		53	1	53	Print Reason Codes, Numeric "1" = I believe there is an extra cost to e-file "2" = I believe e-filing is not secure "3" = I do not want 3" party software to have my data "4" = I do not want Franchise Tax Board to have my data "5" = My Federal e-file return was rejected "6" = I have no Internet connection Or blank
	- apor riotarii Garvey		50	•	-00	Of Dialife

Absolute Positioning Form 540 2EZ Specifications (Side 3)

Definitions	NUMERIC = 0-9	JST BE ALI UST BE AL	L CAPS) LL CAPS) 0-9	(print lines Survey. (pr	er 12-point font, not bold, for taxpayer data 5–60) and CTP ID, Doc ID and Paper Return int line 63). All printed text and data must be d unless specific instruction is provided in Field n column.
Print Line Number	Identification	Begin Print Position	Maximum Field <u>Length</u>	End Print Position	Field Description
1-3	Blank lines	_	_	_	_
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-8	Form area	6		80	Conventional form size/style
					Conventional form size/style with exact position
9-60	Form area with exact position data fields	_	_	_	data fields
9	Line 28. Payments balance	63	15	77	Numeric
10	Blank line	_	_	-	Fr
11	Line 29. Use Tax balance	63	15	-77	Numeric
12	Form area	6	-	80	Conventional form, size/style
	Line 30 Payments after individual Shared				
13	Responsibility Penalty	63	15	77	Numeric
14	Form area	6	_	80	Conventional form, size/style
15	Line 31 Individual Shared Responsibility Penalty balance	63	15	77	Numeric
16	Blank line	-		-	-
17	Line 32. Overpaid tax	63	15	77	Numeric
18	Form area	6	-	80	Conventional form, size/style
19	Line 33. Tax due	63	15	77	Numeric
20-21	Form area	6	-	80	Conventional form, size/style
22	Code 400. California Seniors Fund. See instructions	63	15	77	Numeric
23	Blank line	_	-	_	_
	Code 401. Alzheimer's Disease and Related	<u> </u>			
24	Dementia Voluntary Tax Contribution Fund	63	15	77	Numeric
25	Blank line	-	-	_	_
26	Code 403. Rare and Endanger Species Preservation Voluntary Tax Contribution Program	63	15	77	Numeric
27	Blank line	-	_	_	_
28	Code 405. California Breast Cancer Research Voluntary tax Contribution Fund	63	15	77	Numeric
29	Blank line	_	-	_	-
	Code 406. California Firefighter's Memorial				
30	Voluntary Tax Contribution Fund	63	15	77	Numeric
31	Blank line	_	_	_	_
	Code 407. Emergency Food for Families				
32	Voluntary Tax Contribution Fund	63	15	77	Numeric
33	Blank line	_	_	_	_
24	Code 408. California Peace Officer Memorial	60	15	77	Numaria
34	Foundation Voluntary Tax Contribution Fund	63	15		Numeric
35	Blank line Code 410. California Sea Otter Voluntary Tax		-		- Numberia
36	Contribution Fund	63	15	77	Numeric
37	Blank line	_	_	_	
38	Code 413. California Cancer Research Voluntary Tax Contribution Fund	63	15	77	Numeric

Absolute Positioning Form 540 2EZ Specifications (Side 3) **Definitions ALPHA** A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data **NUMERIC** (print lines 5-60) and CTP ID, Doc ID and Paper Return = **ALPHANUMERIC** A-Z, (MUST BE ALL CAPS) 0-9 Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column. Print Maximum Begin End Line Print Field Print Field Number Identification **Position** Length **Position Description** Blank line 39 Code 422. School Supplies for Homeless Númeric 40 Children Voluntary Tax Contribution Fund 63 15 77 41 Blank line _ _ _ Code 423. State Parks Protection Fund/Parks Numeric 42 Pass Purchase 63 15 77 43 Blank line Code 424. Protect Our Coast and Oceans 44 Voluntary Tax Contribution Fund 63 15 Numeric 45 Code 425. Keep Arts in Schools Voluntary Tax Contribution Fund 46 63 15 Numeric 47 Blank line Code 431. Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund 48 63 15 77 Numeric 49 Blank line Code 438. California Senior Citizen Advocacy 50 Voluntary Tax Contribution Fund 63 15 77 Numeric 51 Blank line Code 439. Native California Wildlife 52 Rehabilitation Voluntary Tax Contribution Fund 63 15 Numeric 53 Blank line Code 440. Rape Kit Backlog Voluntary Tax Contribution Fund 63 54 15 77 Numeric 55 Blank line Code 443. Schools Not Prisons Voluntary Tax Contribution Fund 63 15 77 56 Numeric Blank line 57 _ Code 444. Suicide Prevention Voluntary Tax 58 Contribution Fund 63 15 77 Numeric 59 Blank line _ _ Code 445. Mental Health Crisis Prevention 60 Voluntary Contribution Fund 63 17 77 Numeric 61 Blank line _ Bottom Registration Mark, Anchor Mark, and End of bottom registration mark, anchor mark, 62-63 conventional Form 540 2EZ and conventional form size/style

32

40

53

3

7

1

34

46

53

Print Reason Codes, Numeric

Numeric, "3113214"

Numeric

Paper Return Survey

CTP ID (mandatory)

Doc ID (mandatory)

63

63

63

[&]quot;1" = I believe there is an extra cost to e-file

[&]quot;2" = I believe e-filing is not secure

[&]quot;3" = I do not want 3^{rd} party software to have my data

[&]quot;4" = I do not want Franchise Tax Board to have my data

[&]quot;5" = My Federal e-file return was rejected

[&]quot;6" = I have no Internet connection

Or blank

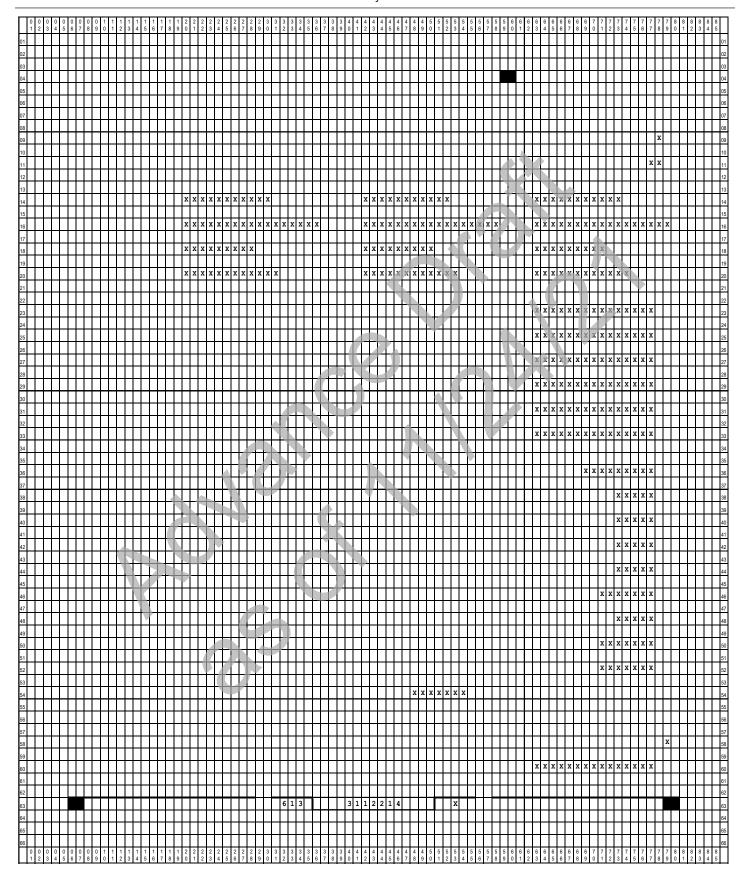
	Absolute Posit	tioning Fo	orm 540 2EZ S	pecifications	s (Side 4)
Definitions	NUMERIC = 0-9	IUST BE AL	LL CAPS) LL CAPS) 0-9	(print lines ! Survey. (pri	r 12-point font, not bold, for taxpayer data 5–60) and CTP ID, Doc ID and Paper Return in line 63). All printed text and data must be I unless specific instruction is provided in Field column.
Print		Begin	Maximum	End	
Line <u>Number</u>	Identification	Print Position	Field <u>Length</u>	Print <u>Position</u>	Field Description
1-3	Blank lines	_	_	_	_
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-8	Form area	6	_	80	Conventional form size/style
9	Code 446. California Community and Neighborhood Tree Voluntary Tax Contribution Fund	63	15	77	Numeric
10	Blank line	_	_	-	/ }
11	Add amounts in code 400 through code 446. This is your total contributions	63	15	77	Numeric
12-13	Blank lines	_	-	- 7	-
14-16	Form area	6	-	80	Conventional form, size/style
17	Line 35. Amount You Owe	63	15	77	Numeric
18-22	Form area	6		80	Conventional form, size/style
23	Line 36. Refund or no Amount due	63	15	77	Numeric
24-28	Form area	6		80	Conventional form, size/style
29	1Checking Check Box If entry in this field, there must be entries in "Routing Number" Field and "Account Number" Field. Otherwise, all three fields must be blank.	29	1	29	Upper X = marked check box Blank = unmarked check box
30	1Routing Number If entry in this field, there must be entries in "Account Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.	12	9	20	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry made in this field, there must be entries in the "DDR Account Number" Field at print line 25 and "Checking" Check box at print line 24 or "Savings" Check box at print line 26. Otherwise, all four fields must be blank.
30	1Account Number If entry in this field, there must be entries in "Routing Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.	38	17	54	Numeric; "-" If entry made in this field, there must be entries in the "Routing Number" Field at print line 25 and "Checking" Check box at print line 24 or "Savings" Check box at print line 26. Otherwise, all four fields must be blank.
30	Line 37. 1Direct Deposit Amount	63	15	77	Numeric
				-	Upper X = marked check box
31	1Savings Check Box	29	1	29	Blank = unmarked check box
32-34	Form area	6	_	80	Conventional form, size/style
	2Checking Check Box If entry in this field, there must be entries in "Routing Number" Field and "Account Number" Field. Otherwise, all three fields				Upper X = marked check box
35	must be blank.	29	1	29	Blank = unmarked check box
36	Form area	6	_	80	Conventional form, size/style

	Absolute Pos	itioning Fo	rm 540 2EZ S	Specifications	s (Side 4)
Definitions	NUMERIC = 0-9	MUST BE AL	L CAPS) LL CAPS) 0-9	(print lines ! Survey. (pri	r 12-point font, not bold, for taxpayer data 5–60) and CTP ID, Doc ID and Paper Return nt line 63). All printed text and data must be I unless specific instruction is provided in Field column.
Print		Begin	Maximum	End Print	Field
Line <u>Number</u>	Identification	Print <u>Position</u>	Field <u>Length</u>	Position	Field <u>Description</u>
37	2Routing Number If entry in this field, there must be entries i "Account Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.	n 12	9	20	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry made in this field, there must be entries in the "DDR Account Number" Field at print line 32 and "Checking" Check box at print line 30 or "Savings" Check box at print line 32. Otherwise, all four fields must be blank.
	2Account Number				Numeric; "-" If entry made in this field, there must
37	If entry in this field, there must be entries i "Routing Number" Field and "Checking or Savings" Check Box. Otherwise, all three fields must be blank.	n 38	17	54	be entries in the "Routing Number" Field at print line 32 and "Checking" Check box at print line 30 or "Savings" Check box at print line 32. Otherwise, all four fields must be blank.
37	Line 38. 2Direct Deposit Amount	63	15	77	Numeric
37	2Savings Check Box	29		29	Upper X = marked check box Blank = un narked check box
38-46	Form area	6	-	80	Conventional form, size/style
47	Email address	17	42	58	Alphanumeric
47	Preferred phone number	60	14	73	Numeric; "-"
48-52	Form area	6	_	80	Conventional form, size/style
53	PTIN	63	9	71	Numeric
54-55	Form area	6	_	80	Conventional form, size/style
56	FEIN	63	9	71	Numeric
57	Blank line	_	-		
58	Yes – Discuss Return Check Box	65	1	65	Upper X = marked check box Blank = unmarked check box
58	No – Discuss Return Check Box	72	1	72	Upper X = marked check box Blank = unmarked check box
59-61	Form area	6	Y	80	Conventional form, size/style
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 540 2EZ		-	_	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, "3114214"
					Print Reason Codes, Numeric "1" = I believe there is an extra cost to e-file "2" = I believe e-filing is not secure "3" = I do not want 3 rd party software to have my data "4" = I do not want Franchise Tax Board to have my data "5" = My Federal e-file return was rejected "6" = I have no Internet connection
63	Paper Return Survey	53	1	53	Or blank

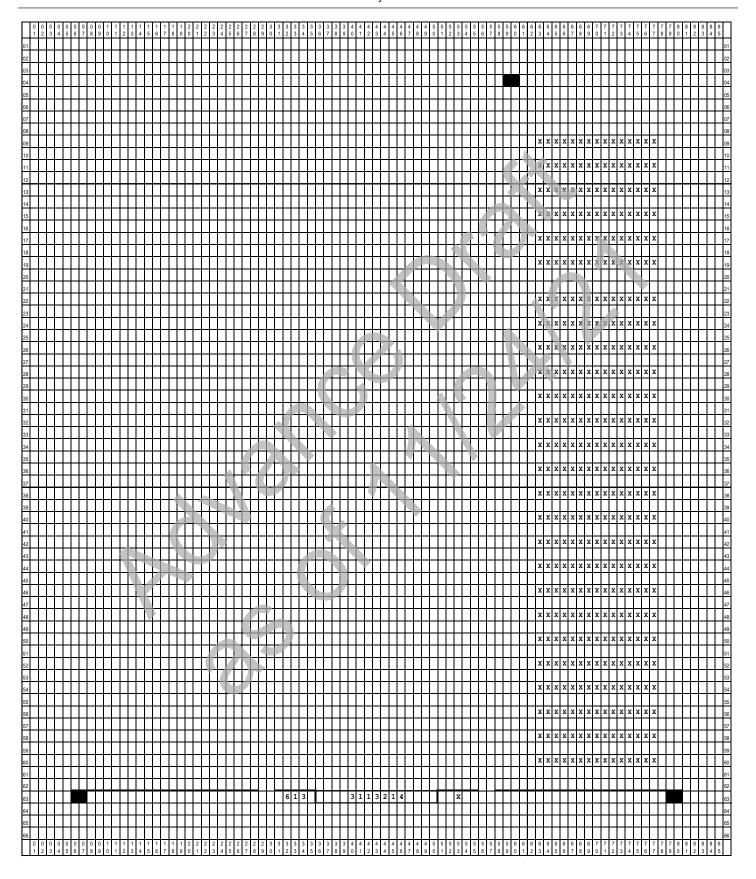
Absolute Positioning Form 540 2EZ Entity Area Record Layout (Side 1) Note: Record Layout is Reduced

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1	2	3 4	5	6	7 8	9 0	1	2 3	3 4	5	6	8	9	0	1 2	2 3	4	5 6	6 7	8	9	0	1 2	2 3	4	5	6	7	8	9	0 .	1 2	3	4	5	6	7 8	8 9	9 0) 1	2	3	4	5	6	7 8	3 9	0	1	2	3	4	5 (3 7	8	9	0	1	2	3 -	4 5	5 6	3 7	8	9	0	1	2	3 4	4 5	1
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29	Н	+	H	+	+	H	H	+	t	H	H	t	H	+	$^{+}$	t	H	+	t	H	\forall	+	+	Ł	ŀ	۲	H		Н	+	∦	+	H	H	\forall	+	$^{+}$	$^{+}$	ł		t		Н	H	+	+	t	1	t	H	H	Ħ	+	t	t	H	\dashv	+	+	+	+	+	t	t	H	H	\forall	+	+	t	29
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47 48	H	+	+	+	t	H	H	+	\dagger	H	H	\dagger	H	\dagger	\dagger	\dagger	H	+	ľ		Ĭ		t	+	t	-	H	H	H	+	\dagger	\dagger	H	H	H	+	\dagger	\dagger	\dagger	t	t	H	H	H	H	\dagger	t	t	H	H	H	H	+	t	t	H	H	+	+	\dagger	+	\dagger	+	H	H	H	H	+	\dagger	\dagger	47
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50	П	Ţ	П	ightharpoonup	T	Д	П	1	Ţ	П	Д	Ţ	П	I	Ţ	Z	П	1	I			1	1	Ţ			Γ			I	Ţ	Ţ	Γ	П	Д	Į	Ţ	Ţ	Ţ	Ţ	Ţ		П	Ц	Д	Ţ	Ţ	Ţ	Γ	Д	Ц	Д	Ţ	Ţ	Ţ	П	Д	Į	I	Ţ	Ţ	Ţ	I	I		П	Д	Į	Į	Ţ	50
51	Н	+	H	4	+	dash	х	4	+	Н	H	+	Н	Н	-	1	4	4	1	b	4	4	\downarrow	1	+	1	L	Н	Н	4	+	\downarrow	L	Н	Ц	4	+	\downarrow	+	+	+	H	Н	Н	Ц	4	+	1	1	H	Н	Ц	4	+	+	Ц	Ц	4	4	4	\downarrow	+	+	1	1	Ц	Ц	4	+	#	51
52	H	+	+	+	+	${\sf H}$	х	+	+	H	H	+	Н	${+}$	+	t	H	+	1	1	H	+	+	+	H	-	H	Н	H	+	+	+	H	Н	H	+	+	+	+	+	╁	H	H	H	H	+	+	+	-	Н	H	H	+	+	╁	Н	Н	+	+	+	+	+	╁	}	H	Н	H	+	+	+	52 53
54	H	+	$\dag \dag$	\forall	t	\dag	Ħ	+	t	H	H	\dagger	H	\forall	\dagger	\dagger	П	1	1	H	H	\dagger	\dagger	t	t	H	H	H	H	1	\dagger	\dagger	H	H	H	\dagger	\dagger	\dagger	\dagger	t	\dagger	H	H	H	H	\dagger	t	t	H	H	H	H	\dagger	t	\dagger	H	\forall	+	+	+	\dagger	\dagger	\dagger	H	H	H	H	\dagger	\dagger	\dagger	54
55	Ħ	I		◨	İ	Ħ		₫	İ		Ħ	İ	Ħ	◨	İ	İ	I	İ	İ	I	₫	İ	İ	İ	İ	İ	İ	П		1	İ	İ	İ	I	₫	İ	İ	İ	İ	İ	İ	I	Ħ	Ħ	₫	İ	İ	İ	İ	П	Ħ		İ	İ	İ	П	◨	╛	1	İ	İ	İ	İ	İ	İ	П	₫	İ	İ	İ	55
56	Ц	Ţ	П	Ţ		Ц	Д	Ţ	I	П	Ц	ſ	Д	Ц	Ţ	ſ	Ц	Ţ	ſ	Ц	Ц	Ţ	Ţ	I	Ĺ		Γ	Ц	Ц	Ţ	Ţ	I	Γ	Д	Ц	Ţ	Ţ	Ţ	Ţ	ſ	ſ		Ц	Ц	Ц	Ţ	ſ	I	ſ	Д	Ц	Ц	Ţ	ſ	ſ	Ц	Ц	Ţ	1	Ţ	Ţ	Ţ	ſ	х		Ц	Ц	Ţ	Ţ	I	56
57	Н	+	H	4	1	dash	Н	4	+	Н	H	1	Н	Н	\downarrow	1	Н	4	+	Н	Ц	4	\downarrow	1	1	1	L	H	Н	4	+	\downarrow	L	Н	Ц	4	+	\downarrow	\downarrow	+	+	H	Н	Ц	Ц	4	+	1	L	H	Ц	Ц	4	+	+	Ц	Ц	4	4	4	+	\downarrow	\downarrow	X	L	Ц	Ц	4	4	#	57
58	H	+	H	+	+	${\mathsf H}$	H	+	+	Н	H	+	Н	+	+	+	H	+	+	H	H	+	+	+	H	╁	H	H	Н	+	+	+	H	Н	H	+	+	+	╁	+	+	H	H	Н	H	+	+	ł	-	H	Н	H	+	+	+	H	Н	\dashv	+	+	+	╁	+	\vdash	H	H	H	+	+	+	58 59
59 60	H	+	$\dagger \dagger$	\forall	t	H	H	\dagger	t	H	H	t	H	\forall	\dagger	t	H	\dagger	t	H	H	+	\dagger	t	t	t	t	H	H	+	\dagger	\dagger	t	H	H	+	\dagger	\dagger	\dagger	t	t	H	H	H	H	\dagger	t	t	H	H	H	H	t	t	t	H	H	\dashv	+	\dagger	\dagger	\dagger	\dagger	t	t	H	H	+	\dagger	t	60
61	Ħ	1	Ħ	╽	İ	Ħ		1	İ		Ħ	İ	Ħ	╽	İ	İ	Ħ	1	İ	L	▮	1	1	İ	İ	İ	L	Ħ		_	İ	1	L	П	▮	1	İ	İ	İ	İ	İ	I	Ħ	Ħ	▮	1	İ	İ	İ	Ħ	Ħ		1	İ	İ	Ħ		╛	1	1	1	İ	İ	İ	L	Ħ	▮	1	1	1	61
62	Д	I	П		Ι	Д	П	1	I	П	Д	I	П	Д	Ţ	I	П	Į	Ι	Ц	Д	Į	I	I			L	П		Į	Ţ	I	Γ	П	Д	Į	Ţ	Į	Ţ	I			П	П	J	I	Ι	I		П	П		I	Ι				Į	I	Ţ	I	Ţ	I	L			Д	Į	Į	I	62
63	Н	+	\sqcup	Ī	Ļ	$oldsymbol{arphi}$	H	4	+	H	Н	\downarrow	Н	4	-	\downarrow	H	4	1	H	Ц	4	(6 1	. 3	1	L	Н	Н	4	3 :	1 1	1	2	1	4	+	+	+	1	+	X	Н	Н	Ц	4	1	ļ	-	Н	Н	Ц	4	1	+	Н	Ц	4	4	4	+	+	1	-	F	F	Ц	4	4	4	63
64	H	+	\dashv	4	+	${\mathbb H}$	H	+	+	H	H	+	Н	H	+	+	H	+	+	Н	H	4	+	+	ł	-	H	Н	H	+	+	+	H	Н	H	4	+	+	+	+	╁	H	H	H	H	+	+	ł	-	Н	H	H	+	+	╁	Н	Н	4	+	+	+	+	╀	-	₽	Н	H	4	+	+	64
65 66	H	+	+	\forall	\dagger	H	H	+	\dagger	H	H	\dagger	H	\dagger	\dagger	\dagger	H	\dagger	\dagger	H	H	+	+	t	t	-	H	H	H	+	\dagger	\dagger	H	H	H	+	\dagger	\dagger	+	\dagger	t	H	H	H	H	\dagger	\dagger	t	H	H	H	H	+	\dagger	t	H	H	+	+	\dagger	+	+	\dagger	H	H	H	H	+	\dagger	\dagger	65
0 1	0	0 0	0	0 (0 0	0 1	1	1 2	1 1	1 5	1 :	1 1	1	2 2	2 2	2 2	2	2 2	2 2	2	2	3	3 3	3 3	3	3	3	3	3	3	4 4	4 4	4	4	4	4	4 4	4 4	4 5	5 5	5	5	5	5	5	5	5 5	6	6	6	6	6	6 (6 6	6	6	7	7	7	7	7 7	7 7	7 7	7	7	8	8	8	8 8	3 8	3
1	2	3 4	5	6	8	9 0	1	2 3	ა 4	5	6	8	9	0	1 2	2 3	4	5 6	5 7	8	9	0	1 2	2 3	4	5	6	7	8	9	U.	1 2	3	4	5	б	/ 8	8 8	9 (1 ا	2	3	4	5	6	7 8	5 9	0	1	2	3	4	5 (7	8	9	0	1	2	3	4 5	5 6	7	8	9	0	1	2	3 4	1 5	<u>'L</u>

Absolute Positioning Form 540 2EZ Entity Area Record Layout (Side 2) Note: Record Layout is Reduced



Absolute Positioning Form 540 2EZ Entity Area Record Layout (Side 3) Note: Record Layout is Reduced



Absolute Positioning Form 540 2EZ Entity Area Record Layout (Side 4)

Note: Record Layout is Reduced

