Absolute Positioning Form 3514 Specifications (Side 1)

Definitions	ALPHA NUMERIC ALPHANUMERIC	= = =	A-Z (MUST BE AL 0-9 A-Z (MUST BE AL	,	(print line: Survey. (p Left Aligne	ier New 12-point font, not bold, for taxpayer data s 7–60) and CTP ID, Doc ID and Paper Return print line 63). All printed text and data must be ed unless specific instruction is provided in cription column.
Print Line			Begin Print	Maximum Field	End Print	Field
Number	Identification		Position	Length	Position	Description
1-3	Blank lines		_	_	_	_

1-3	Blank lines	_	_	_	-
4	"Taxable Year" and "Underline"	6	8	13	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	16	36	51	Conventional form size/style
5	Form Identifier (3514) Area	72	6	77	Conventional form size/style
6	Tax Year Area	7	6	12	Conventional form size/style
6	Title of Form	16	36	51	Conventional form size/style
6	Form Identifier (3514) Area	72	6	77	Conventional form size/style
6	Bold Line	6	_	80	Conventional form size/style
7-11	Form area	6	-	80	Conventional form, size/style
	Tonnaloa	0			Conventional form size/style with absolute position
12-60	Form area with absolute position data fields	_		_	data fields
	separated from your spouse/RDP, filing a				
	separate return, and meet the requirements to				Upper X=marked check box
12	claim the California EITC	78	1	78	Blank=unmarked check box
12-21	Blank lines	-	-		-
22	Line 1. a. Yes-IRS previously disallowed your federal Earned Income Credit (EIC)	65	4	CE	Upper X=marked check box Blank=unmarked check box
		00		05	
22	Line 1. a. No-IRS previously disallowed your federal Earned Income Credit (EIC)	72	1	72	Upper X=marked check box Blank=unmarked check box
23	Blank line	-	_	-	_
	Line 1. b. Yes-FTB previously disallowed your				Upper X=marked check box
24	EITC	65	1	65	Blank=unmarked check box
	Line 1. b. No-FTB previously disallowed your				Upper X=marked check box
24	EITC	72	Ť	72	Blank=unmarked check box
25	Blank line	-	-	_	_
26	Line 2. Federal AGI	65	12	76	Numeric
27	Blank line	_	-	-	-
28	Line 3. Federal EIC	65	12	76	Numeric
29-31	Form area	6	-	80	Conventional form, size/style
32	Line 4. Investment Income	65	12	76	Numeric
33-37	Form area	6	-	80	Conventional form, size/style
	Line 5. Child 1 First Name If entry made in this field, there must be entries in "Child 1 Last Name" field, "Child 1 SSN or ITIN" field and "Child 1 Date of Birth"	,			Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 1 Last Name" field at print line 38, "Child1 SSN or ITIN" field at print line 40, and "Child 1 Date of Birth" field at print line 44, Otherwise, all four fields must be
38	field. Otherwise all four fields must be blank	. 19	11	29	blank.
	Line 5. Child 2 First Name If entry made in this field, there must be entries in "Child 2 Last Name" field, "Child 2 SSN or ITIN" and "Child 2 Date of Birth" field				Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 2 Last Name" field at print line 38, "Child 2 SSN or ITIN" field at print line 40, and "Child 2 Date of Birth" field at print line 44, Otherwise, all four fields must be
36	Otherwise all four fields must be blank.	41	11	51	blank.

Definitions		ST BE AL	L CAPS)	Use Couri	er New 12-point font, not bold, for taxpayer data
	NUMERIC = 0-9 ALPHANUMERIC = A-Z (MUS	ST BE AL	L CAPS), 0-9	(print lines Survey. (p Left Aligne	5 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 ription column.
Print Line <u>Number</u>	I	Begin Print Position	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field Description
38	Line 5 Child 3 First Name If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 SSN or ITIN" field and "Child 3 Date of Birth" field. Otherwise all four fields must be blank.		11	73	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 36, "Child 3 SSN or ITIN" field at print line 40, and "Child 3 Date of Birth" field at print line 44, Otherwise, all four fields must be blank .
39	Blank line -	_	-	-	
40	Line 6. Child 1 Last Name If entry made in this field, there must be entries in "Child 1 First Name" field, "Child 1 SSN or ITIN" field and "Child 1 Date of Birth" field. Otherwise all four fields must be blank.	19	17	35	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 1 First Name" field at print line 36. "Child 1 SSN or ITIN" field at print line 40, and "Child 1 Date of Birth" field at print line 44. Otherwise, all four fields must be blank.
40	Line 6. Child 2 Last Name If entry made in this field, there must be entries in "Child 2 First Name" field, "Child 2 SSN or ITIN" field and "Child 2 Date of Birth" field. Otherwise all four fields must be blank.	41		57	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 2 First Name" field at print line 36, "Child 2 SSN or ITIN" field at print line 40, and "Child 2 Date of Birth" field at print line 44, Otherwise, all four fields must be blank.
40	Line 6. Child 3 Last Name If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 SSN or ITIN" field and "Child 3 Date of Birth" field. Otherwise all four fields must be blank.	· · · · · · · · · · · · · · · · · · ·	17	79	Alpha, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 36, "Child 3 SSN or ITIN" field at print line 40, and "Child 3 Date of Birth" field at print line 44, Otherwise, all four fields must be blank.
41	Blank line -	_		_	_
42	Line 7. Child 1 SSN or ITIN If entry made in this field, there must be entries in "Child 1 First Name" field, "Child 1 Last Name" field and "Child 1 Date of Birth" field. Other wise all four fields must be blank.	19	9	27	Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 1 First Name" field at print line 36, "Child 1 Last Name "field at print line 38, and "Child 1 Date of Birth" field at print line 44, Otherwise, all four fields must be blank.
42	Line 7. Child 2 SSN or ITIN If entry made in this field, there must be entries in "Child 2 First Name" field, "Child 2 Last Name" field and "Child 2 Date of Birth" field. Otherwise all four fields must be blank.	41	9	49	Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 2 First Name" field at print line 36, "Child 2 Last Name" field at print line 38, and "Child 2 Date of Birth" field at print line 44, Otherwise, all four fields must be blank.
42	Line 7. Child 3 SSN or ITIN If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 Last Name" field and "Child 3 Date of Birth" field. Otherwise all four fields must be blank.		9	71	Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 36, "Child 3 Last Name" field at print line 38, and "Child 3 Date of Birth" field at print line 44, Otherwise, all four fields must be blank.
43-45	Form area	6	_	80	Conventional form size/style
	Line 8. Child 1 Date of Birth If entry made in this field, there must be entries in "Child 1 First Name" field, "Child 1 Last Name" field and "Child 1 SSN or ITIN"				Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 1 First Name" field at print line 36, "Child 1 Last Name" field at print line 38, and "Child 1 SSN or ITIN" field at print line 40, Otherwise, all four fields must
46	field. Otherwise all four fields must be blank.	19	8	26	be blank.

	Absolute Po	sitioning l	Form 3514 Spe	ecifications (Si	de 1)
Definitions	NUMERIC = 0-9	JST BE ALI	L CAPS) L CAPS), 0-9	(print lines Survey. (pri Left Aligneo	r New 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 I unless specific instruction is provided in ption column.
Print Line		Begin Print	Maximum Field	End Print	Field
<u>Number</u>	Identification	Position	<u>Length</u>	Position	Description
46	Line 8. Child 2 Date of Birth If entry made in this field, there must be entries in "Child 2 First Name" field, "Child 2 Last Name" field and "Child 2 SSN or ITIN" field. Otherwise all four fields must be blank.	41	8	50	Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 2 First Name" field at print line 36, "Child 2 Last Name" field at print line 38, and "Child 2 SSN or ITIN" field at print line 40, Otherwise, all four fields must be blank.
46	Line 8. Child 3 Date of Birth If entry made in this field, there must be entries in "Child 3 First Name" field, "Child 3 Last Name" field and "Child 3 SSN or ITIN" field. Otherwise all four fields must be blank.	63	8	70	Numeric, No Embedded Spaces. If entry made in this field, there must be entries in "Child 3 First Name" field at print line 36, "Child 3 Last Name" field at print line 38, and "Child 3 SSN or ITIN" field at print line 40, Otherwise, all four fields must be blank.
47-49	Form area	6	-	80	Conventional form size/style
50	Line 9. Child 1 a. Yes-Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse/RDP, if filing jointly)?	20	1	20	Upper X=marked check box Blank=unmarked check box
50	Line 9. Child 1 a. No-Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse/RDP, if filing jointly)?	27	1	27	Upper X=marked check box Blank=unmarked check box
50	Line 9. Child 2 a. Yes-Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse/RDP, if filing jointly)?	42	1	42	Upper X=marked check box Blank=unmarked check box
50	Line 9. Child 2 a. No-Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse/RDP, if filing jointly)?	49		49	Upper X=marked check box Blank=unmarked check box
50	Line 9. Child 3 a. Yes-Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse/RDP, if filing jointly)?	64	1	64	Upper X=marked check box Blank=unmarked check box
50	Line 9. Child 3 a. No-Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse/RDP, if filing jointly)?	70,	1	70,	Upper X=marked check box Blank=unmarked check box
51-53	Form area	6	-	80	Conventional form size/style
54	Line 9. Child 1 b. Yes-Was the child permanently and totally disabled during any part of 2022?	20	1	20	Upper X=marked check box Blank=unmarked check box
54	Line 9. Child 1 b. No-Was the child permanently and totally disabled during any part of 2022?	27	1	27	Upper X=marked check box Blank=unmarked check box
54	Child 2 b. Yes-Was the child permanently and totally disabled during any part of 2022?	42	1	42	Upper X=marked check box Blank=unmarked check box
54	Child 2 b. No-Was the child permanently and totally disabled during any part of 2022?	49	1	49	Upper X = marked check box Blank = unmarked check box
54	Line 9. Child 3 b. Yes-Was the child permanently and totally disabled during any part of 2022?	, 64	1	64	Upper X=marked check box Blank=unmarked check box
54	Line 9. Child 3 b. No-Was the child permanently and totally disabled during any part of 2022?	70	1	70	Upper X=marked check box Blank=unmarked check box

		Absolut	e Positioning	Form 3514 Sp	ecifications (Side 1)
Definitions	ALPHA NUMERIC ALPHANUMERIC	= 0-9	(MUST BE AI	LL CAPS) LL CAPS), 0-9	(print line: Survey. (p Left Aligne	ier New 12-point font, not bold, for taxpayer data s 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 cription column.
Print Line <u>Number</u>	Identification		Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field Description
55-56	Form area		6	_	80	Conventional form size/style
57	Line 10. Child 1 Child's relationship to you.		19	12	30	Alpha
57	Line 10. Child 2 Child's relationship to you.		41	12	52	Alpha
57	Line 10. Child 3 Child's relationship to you.		63	12	74	Alpha
58-59	Form area		6	_	80	Conventional form size/style
60	Line 11. Child 1 Number of days child lived wit during 2022.	h you in Califo	ornia 19	3	21	Numeric
60	Line 11. Child 2 Number of days child lived wit during 2022.	h you in Califo	ornia 41	3	43	Numeric
60	Line 11. Child 3 Number of days child lived wit during 2022.	h you in Califo	ornia 63	3	65	Numeric
61	Blank lines		-	-	-	-
62-63	Bottom Registration Mark, And conventional Form 3514	chor Mark, and	d _	-	-	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, "8461224"

Definitions	NUMERIC = 0-9	UST BE ALI	L CAPS) L CAPS), 0-9	(print lines Survey. (pr Left Aligne	er New 12-point font, not bold, for taxpayer data 7–60) and CTP ID, Doc ID and Paper Return rint line 63). All printed text and data must be d unless specific instruction is provided in ription column.
Print		Begin	Maximum	End	5 .11
Line <u>Number</u>	Identification	Print <u>Position</u>	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	Line 12. Child 1 a. Street Address (number and street and apt. no/ste. No.)	16	35	50	Alphanumeric. Embedded spaces, No punctua- tion, no symbols other than "/" or "-".
10-11	Form area	6	-	80	Conventional form, size/style
12	Line 12. Child 1 b. City	16	17	32	Alphanumeric, Embedded spaces
12	Line 12 Child 1 c. State	37	2	38	Alpha If foreign address, leave State field blank.
12	Line 12. Child 1 d. ZIP code	43	10	52	Numeric, "-", If foreign address, leave Zip Code field blank.
13-14	Form area	6		80	Conventional form, size/style
15	Line 12. Child 2 a.Street Address (number and street and apt. no/ste. No.)	16	35	50	Alphanumeric. Embedded spaces, No punctua- tion, no symbols other than "/" or "-"
16-17	Form area	-6	-	80	Conventional form, size/style
18	Line 12. Child 2 b. City	16	17	32	Alphanumeric, Embedded spaces
> 18	Line 12 Child 2 c. State	37	2	38	Alpha If foreign address, leave State field blank
18	Line 12. Child 2 d. ZIP code	43	10	52	Numeric, "-", If foreign address, leave Zip Code field blank
19-20	Form area	6		80	Conventional form, size/style
21	Line 12. Child 3 a. Street Address (number and street and apt. no/ste. No.)	16	35	50	Alphanumeric. Embedded spaces, No punctua- tion, no symbols other than "/" or "-"
22-23	Form area	6	_	80	Conventional form, size/style
24	Line 12. Child 3 b. City	16	17	32	Alphanumeric, Embedded spaces
24	Line 12 Child 3 c. State	37	2	38	Alpha If foreign address, leave State field blank
24	Line 12. Child 3 d. ZIP code	43	10	52	Numeric, "-", If foreign address, leave Zip Code field blank
25-27	Form area	6	_	80	Conventional form, size/style
28	Line 13. Wages, salaries, tips and other employee compensation, subject to California Withholding.	65	12	76	Numeric
29	Blank line	_	-	_	_
30	Line- 14 IHSS Payments	65	12	76	Numeric
31	Blank line	_	-	_	_
	Line 15. Prison inmate wages and/or pen- sion or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC				
32	Section 457 plan	65	12	76	Numeric

	Absolute	Positioning	Form 3514 Spe	ecifications (Side 2)
Definitions	NUMERIC = 0-9	MUST BE AL MUST BE AL	L CAPS) L CAPS), 0-9	(print lines Survey. (p Left Aligne	er New 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 d unless specific instruction is provided in ription column.
Print Line Number	Identification	Begin Print Position	Maximum Field <u>Length</u>	End Print Position	Field Description
33	Blank line	_	_	_	
	Line 16. Subtract line 14 and line 15 from				
34	line 13	65	12	76	Numeric
35	Blank line	-	-	-	_
36	Line 17. Nontaxable combat pay	65	12	76	Numeric
37	Blank line	-	-	-	-
38	Line 18. Business income or (loss).	65	12	76	Numeric
39	Blank line	-	-	-	
40	Line 18. a. Business name	29	35	63	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
41-42	Form area	6	-	80	Conventional form, size/style
43	Line 18. b. Business address	29	35	63	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
44-45	Form area	6		80	Conventional form, size/style
46	Line 18. b. City	29	17	45	Alphanumeric, Embedded spaces
46	Line 18. b. State	50	2	51	Alpha. If foreign address, leave State field blank.
46	Line 18. b. ZIP Code	56	10	65	Numeric, "-". If foreign address, leave ZIP Code field blank.
47	Blank line	-	-	-	_
48	Line 18. c. Business license number	29	18	46	Alphanumeric
49	Blank line	-		-	_
50	Line 18. d. SEIN	29	8	36	Numeric
51	Blank line	-		-	_
52	Line 18. e. Business code	29	6	34	Alphanumeric
53	Blank line	-	-	_	_
54	Line 19. California Earned Income	65	12	76	Numeric
55-57	Form area	6	-	80	Conventional form, size/style
58	Line 20. California EITC.	65	12	76	Numeric
59-61	Blank lines	-	_	_	_
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 3514	_	_	_	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, "8462224"

Definitions ALPHA NUMERIC ALPHANUMERIC = A-Z (MUST BE ALL CAPS) 0-9 Use Courier New 12-point font, not bold, for to (print lines 7-60) and CTP ID, Doc ID and Pa Survey. (print line 63). All printed text and data Left Aligned unless specific instruction is prov FieldDescription column. Print Line Begin Maximum Print Line Begin Position Maximum Print Field End Print End Print 1-3 Blank lines - - - 4 Anchor mark 59 2 60 Anchor mark, Conventional form size 5 5 Blank lines - - - 6 - 80 Conventional form size/style 9-57 Form area 6 - 80 Conventional form, size/style 9-57 Form area 6 - 80 Conventional form, size/style 10 Form area 6 - 80 Conventional form, size/style 11 EITC. 65 12 76 Numeric 11 EITC. 65 12 76 Numeric 11 EITC. 65 12 76 Numeric 11 EITC.	per Return must be
Line NumberPrint DestionField PositionPrint DescriptionField Description1-3Blank lines4Anchor mark59260Anchor mark, Conventional form size5Blank-line6-8Form area6-80Conventional form, size/style9-57Form area with absolute position data fields1ine 21. CA Exemption Credit Percentage from 99Form area6-80Conventional form, size/style10Form area6-80Conventional form, size/style11EITC.651276Numeric12-15Form area6-80Conventional form, size/style16Line 23. California Earned Income.651276Numeric17Blank line18Line 23. a.53153Blank-unmarked check box19Blank line20net loss exceeds \$32,49053153Blank-unmarked check box21-27Form area6-80Conventional form, size/style28Line 25. Excess Earned Income over threshold.651276Numeric29Blank line20net loss exceeds \$32,490531 </th <th></th>	
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4 Anchor mark 59 2 60 Anchor mark, Conventional form size 5 Blank-line - - - - 6:8 Form area 6 - 80 Conventional form, size/style 9-57 Form area with absolute position data fields - - - data fields 9-57 Form area with absolute position data fields - - - data fields 10 Form area 6 - 80 Conventional form, size/style with absolute position data fields 10 Form area 6 - 80 Conventional form, size/style 11 EITC. 65 12 76 Numeric 12-15 Form area 6 - 80 Conventional form, size/style 16 Line 23. California Earned Income. 65 12 76 Numeric 17 Blank line - - - - 18 Line 23. a. 53 12 64 conventional form, size/style 20 net loss exceeds \$32,490 53 1 53<	
5 Blank-line -	
6-8 Form area 6 - 80 Conventional form, size/style 9-57 Form area with absolute position data fields - - - - data fields 9 Form 540NR, Line 38. 53 6 58 Period, 1-whole number and 4 to rigit 10 Form area 6 - 80 Conventional form, size/style 11 EITC. 65 12 76 Numeric 12-15 Form area 6 - 80 Conventional form, size/style 16 Line 23. California Earned Income. 65 12 76 Numeric 17 Blank line - - - - - 18 Line 23. a. 53 12 64 comventional form, size/style 19 Blank line - - - - - 21-27 Form area 6 - 80 Conventional form, size/style 28 Line 23. b. If your total federal - - - - 29 Blank line - - 80	/style
9-57 Form area with absolute position data fields - - - Conventional form size/style with absolute data fields 9 Form 540NR, Line 38. 53 6 58 Period, 4-whole-number and 4-to-rigit 10 Form area 6 - 80 Conventional form, size/style 11 EITC. 65 12 76 Numeric 12-15 Form area 6 - 80 Conventional form, size/style 16 Line 23. California Earned Income. 65 12 76 Numeric 17 Blank line - - - - - 18 Line 23. a. 53 12 64 compensation 19 Blank line - - - - 19 Blank line - - 0 Conventional form, size/style 28 Line 25. b. If your total federal 0 net loss exceeds \$32,490 53 1 53 Blank-unmarked check box 20 net loss exceeds \$32,490 53 1 53 Blank-unmarked check box 21-27 </td <td></td>	
9-57 Form area with absolute position data fields - - - data fields 9 Form 540NR, Line 38. 53 6 58 Period, 1-whole-number and 4 to right 10 Form area 6 - 80 Conventional form, size/style 11 EITC. 65 12 76 Numeric 12-15 Form area 6 - 80 Conventional form, size/style 16 Line 23. California Earned Income. 65 12 76 Numeric 17 Blank line - - - - 18 Line 23. a. 53 12 64 compensation 19 Blank line - - - - 19 Blank line - - 80 Conventional form, size/style 20 net loss exceeds \$32,490 53 1 53 Blank=unmarked check box 21-27 Form area 6 - 80 Conventional form, size/style 28 Line 25. Excess Earned Income over threshold. 65 12 76 Numeric	
9 Form 540NR, Line 38. 53 6 58 Period, 1 - whole number and 4 to right 10 Form area 6 - 80 Conventional form, size/style 11 EITC. 65 12 76 Numeric 12-15 Form area 6 - 80 Conventional form, size/style 16 Line 23. California Earned Income. 65 12 76 Numeric 17 Blank line - - - - 18 Line 23. a. 53 12 64 componention 19 Blank line - - - - 10 ret loss exceeds \$32,490 53 1 53 Blank=unmarked check box 20 net loss exceeds \$32,490 53 1 53 Blank=unmarked check box 21-27 Form area 6 - 80 Conventional form, size/style 28 Line 25. Excess Earned Income over threshold. 65 12 76 Numeric	olute position
Line 22. Nonresident or Part-Year Resident 11 EITC. 65 12 76 Numeric 12-15 Form area 6 - 80 Conventional form, size/style 16 Line 23. California Earned Income. 65 12 76 Numeric 17 Blank line - - - - - 18 Line 23. a. 53 12 64 compensation 19 Blank line - - - - 20 net loss exceeds \$32,490 53 1 53 Blank=unmarked check box 21-27 Form area - - - - - 28 Line 25. Excess Earned Income over threshold. 65 12 76 Numeric 29 Blank line - - - - - 30 Line 26. Divide line 25 by 100. 75 5 79 Numeric "NN.NN" 31 Form area 6 - 80 Conventional form, si	t of decimal
11 EITC. 65 12 76 Numeric 12-15 Form area 6 - 80 Conventional form, size/style 16 Line 23. California Earned Income. 65 12 76 Numeric 17 Blank line - - - - - 18 Line 23. a. 53 12 64 compensation 19 Blank line - - - - Line 23. b. If your total federal net loss exceeds \$32,490 53 1 53 Blank=unmarked check box 20 net loss exceeds \$32,490 53 1 53 Blank=unmarked check box 21-27 Form area 6 - 80 Conventional form, size/style 28 Line 25. Excess Earned Income over threshold. 65 12 76 Numeric 29 Blank line - - - - 30 Line 26. Divide line 25 by 100. 75 5 79 Numeric 31 Form a	
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38 Line 28. Young Child Tax Credit 65 12 76 Numeric	
39-41 Form area 6 - 80 Conventional form, size/style	
Line 29. CA Exemption Credit Percentage from42Form 540NR, line 38.53658Period, 1 whole number and 4 to right	t of decimal
43 Form area 6 - 80 Conventional form, size/style	
Line 30. Nonresident or Part-year Resident 44 YCTC 65 12 76 Numeric	
45-49 Form area 6 - 80 Conventional form, size/style	
Line 31. a. Primary Taxpayer: My name is the Upper X=marked check box 50 first name listed on this return 53 1 53 Blank=unmarked check box	
51 Blank Line	
Line 31. b. Spouse/RDP: My name is listed as Upper X=marked check box 52 the spouse/RDP on this joint return 53 1 53 Blank=unmarked check box	
53-54 Form area 6 - 80 - Conventional form, size/style	
55 Line 32. a. Primary Taxpayer. First Name 37 19 55 Alpha	
55 Line 32. a. Spouse/RDP. First Name 61 19 79 Alpha	

	Absolute	Positioning	Form 3514 Spe	ecifications (S	ide 3)
Definitions	NUMERIC = 0-9	MUST BE AL MUST BE AL	L CAPS) L CAPS), 0-9	(print lines Survey. (pr Left Aligne	er New 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 iption 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>
56	Blank Line	-	-	-	-
57	Line 31. b. Primary Taxpayer. Last Name	37	19	55	Alpha
57	Line 31. b. Spouse/RDP. Last Name	61	19	79	Alpha
58-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 3514	_	_	_	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, "8463224"

Absolute Positioning Form 3514 Specifications (Side 4)

Definitions	NUMERIC = 0-9	AUST BE ALL		(print lines Survey. (pr Left Aligne	er New 12-point font, not bold, for taxpayer dat 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 ription column.
Print Line <u>Number</u>	Identification	Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field Description
1-3	Blank lines	_	_	_	<u> </u>
4	Anchor mark	59	2	60	Anchor mark, Conventional form size/style
5-11	Form area	6	_	80	Conventional form, size/style
12-59	Form area with absolute position data fields	-	-	-	Conventional form size/style with absolute position data fields
12	Line 33. a. Primary Taxpayer. Eligibility for the FYTC	53	1	53	Upper X=marked check box Blank=unmarked check box
13-17	Form area	6	-	80	Conventional form, size/style
18	Line 33. b. Spouse/RDP. Eligibility for the FYT	C 53	1	53	Upper X=marked check box Blank=unmarked check box
19-22	Form area	6	-	80	Conventional form, size/style
23	Line 34. California Earned Income	65	12	76	Numeric
24	Blank Line	-		-	
25	Line 35. Available Foster Youth Tax Credit	65	12	76	Numeric
26-35	Form area	6	-	80	Conventional form, size/style
36	Line 36. Excess Earned Income	65	12	76	Numeric
37	Blank Line		-	-	-
38	Line 37. Divide line 36 by 100	75	5	79	Numeric "NN.NN"
39	Blank Line	-	-		-
40	Line 38. Reduction amount	72	8	79	Numeric " N NNN.NN"
41-52	Form area	6	-	80	Conventional form, size/style
53	Line 39. Foster Youth Tax Credit	65	12	76	Numeric
54-56	Form area	6	-	80	Conventional form, size/style
57	Line 40. CA Exemption Credit Percentage	53	6	58	Numeric "N.NNNN"
58	Blank Line			-	-
59	Line 41. Nonresident or Part-Year Resident FYTC	65	12	76	Numeric
60-61	Blank lines	_	-	-	_
62-63	Bottom Registration Mark, Anchor Mark, and conventional Form 3514	_	_	_	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, "8464224"

GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514 GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514

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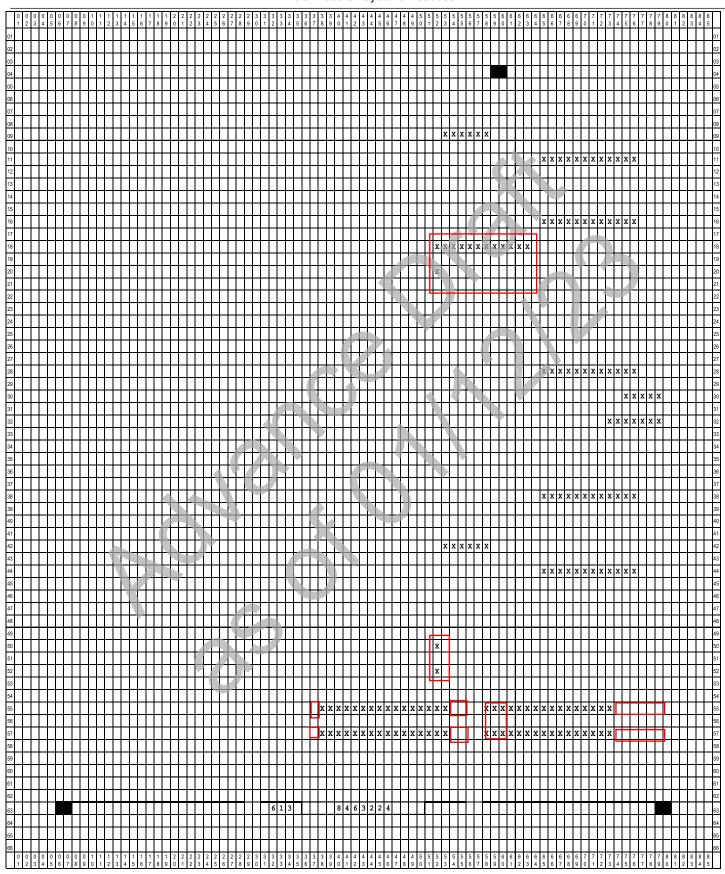
Absolute Positioning Form 3514 Entity Area Record Layout (Side 1) Note: Record Layout is Reduced

GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514 GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514

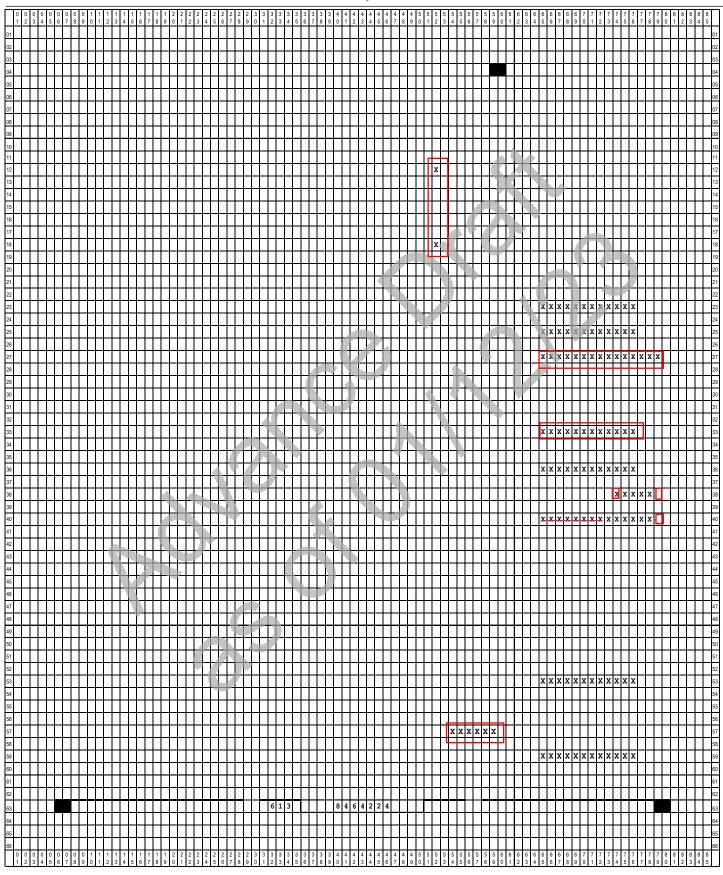
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Absolute Positioning Form 3514 Entity Area Record Layout (Side 2) Note: Record Layout is Reduced

GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514 GUIDELINES FOR ABSOLUTE POSITIONING FORM 3514



Absolute Positioning Form 3514 Entity Area Record Layout (Side 3) Note: Record Layout is Reduced



Absolute Positioning Form 3514 Entity Area Record Layout (Side 4) Note: Record Layout is Reduced