### Absolute Positioning Form 540 2EZ Specifications (Side 1)

Definitions	NUMERIC = 0-9		MUST BE ALL CAPS) (MUST BE ALL CAPS) 0-9		Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description 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 "Underline"	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) Area	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) Area	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 "1" If Amended = Yes - Print "1"		
7	Amended Tax Return	16	1	16	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 Area	52	29	80	LEAVE BLANK		
8	ARRP Area	78	3	80	Conventional form size/style		
9	Taxpayer's SSN (or ITIN) (mandatory)	6	9	14	Numeric, "—"		
9	Name Control (First 4 Letters of Last Name) (mandatory)	19	4	22	Alpha, No Embedded Spaces, No symbols or punctuation		
9	If Joint or Separate Tax Return, Spouse's/RDP's SSN (or ITIN) (mandatory)	28	9	36	Numeric, "—"		
9	Form Year Indicator (mandatory)	52	2	53	"22"		
9	ARRP Area	78	3	80	Conventional form size/style		
10	Taxpayer's First Name (mandatory)	6	11	16	Alpha, No Embedded Spaces		
10	Taxpayer's Middle Initial	19	1	19	Alpha, or blank		
10	Taxpayer's Last Name (mandatory)	22	35	56	Alpha		
10	Taxpayer's Suffix	59	4	62	Alpha, or blank		
10	Taxpayer – If Deceased, <b>must</b> Enter Date of Death, otherwise, leave blank	65	10	74	Numeric, "-", mm-dd-yyyy (e.g., 08-01-2022), or blank		
10	ARRP Area	78	3	80	Conventional form size/style		

Definitions	ALPHA = NUMERIC = ALPHANUMERIC =	A-Z (MUST BE A 0-9 A-Z, (MUST BE A	,	(print line Survey. (p Left Align	ier_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 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>
11	If Joint Spouse's/RDP's First Name (mandatory)	6	11	16	Alpha, No Embedded Spaces
11	If Joint Tax Return, Spouse's/RDP's Mide		1	19	Alpha, or blank
	If Joint Tax Return, Spouse's/RDP's Las				
11	(mandatory)	22	35	56	Alpha
11	If Joint Tax Return, Spouse's/RDP's Su	ffix 59	4	62	Alpha, or blank
11	If Joint Tax Return, Spouse/RDP – If De must Enter Date of Death, otherwise, leave blank	eceased, 65	10	74	Numeric, "", mm-dd-yyyy (e.g., 08-01-2022), or blank
11	ARRP Area	78	3	80	Conventional form size/style
12	Additional Information for In-Care-Of Name or Supplemental Address Information	6	35	40	Alphanumeric, 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, 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)	56	3	58	Print "PMB" only when there is a "PMB" number or letter.
13	Private Mail Box Number or Letter	60	6	65	Alphanumeric, or blank
13	ARRP Area	78	3	80	Conventional form size/style
13	ARRP Area (continued) RP Codes:	79	2	80	Alpha only, Courier 12-point font, any order, or blank D = Taxpayer deceased C = Spouse/RDP deceased
14	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
14	State (mandatory) Use the Standard Abbreviations in this publication.	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	ARRP Area (continued) RP Codes:	78	3	80	Alphanumeric, Courier <u>1</u> 2-point font, any order, or blank E = IRC 965 O = Outside the USA U = Military 9 = Disaster
14	Anna Alea (continueu) nr Coues.	10	J	00	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/County	27	17	43	Alphanumeric, Embedded spaces, or blank
15	If Foreign Postal Code	46	16	61	Alphanumeric, Embedded spaces, or blank

Definitions	NUMERIC = 0-9	(MUST BE AL	,	(print lines Survey. (p Left Aligne	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (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 <u>Length</u>	End Print Position	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)		
16	If Joint Tax Return, Spouse's/RDP's Prior Na (if applicable)		17	65	Alpha, Last name only, or leave blank (e.g., Marriage/RDP in the current tax year changes spouse's/RDP's maiden name)		
17-32	Blank lines	-	_				
<del>33-60</del>	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	0.	79	Upper X = marked check box Blank = unmarked check box		
37	Blank line	-	-	-			
38-39	Form area	6		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 Blan		
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 surviving spouse/RDP	38	1	38	Upper X = marked check box Blank = unmarked check box		
<del>49</del> 50	Blank line		_				
					Upper X = marked check box		
51	Line 2. Married/RDP filing jointly	11	1	11	Blank = unmarked check box		
52	Blank line		_	-			
52	Line 4. Head of household	44	1	11	Upper X = marked check box Blank = unmarked check box		
53	Blank lines	11	I		DIATIK = UTITIALKEU CHECK DOX		
54-55	Line 6. Another person can claim you (or you	ur		_	 Upper X = marked check box		
56	spouse/RDP) as a dependent	78	1	78	Blank = unmarked check box		

Definitions	ALPHA NUMERIC ALPHANUMERIC	NUMERIC = 0-9		Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.			
Print Line <u>Number</u>	Identification			Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field Description
62-63	Bottom Registration Mark, And conventional Form 540 2EZ	chor Marl	k, 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 II
63	Doc ID (mandatory)			40	7	46	Numeric, "3111224"
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
					8	<u>}</u>	501
	20	2	0	С О			

### Absolute Positioning Form 540 2EZ Specifications (Side 2) Definitions ALPHA A-Z (MUST BE ALL CAPS) Use Courier 12-point font, not bold, for taxpayer data = NUMERIC 0-9= (print lines 7–60) 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 Begin Maximum End Print Print Field Line Field Position **Description** Number **Identification** Position Length 1-3 Blank lines \_ \_ \_ 59 2 4 Anchor Mark 60 Anchor mark, Conventional form size/style 5-6 Form area 6 \_ 80 Conventional form size/style Conventional form size/style with absolute 7<mark>,60</mark>, Form area with absolute position data fields position data fields 7 Form area 6 \_ 80 Conventional form size/style Blank line 8 \_ \_ \_ Line 7. Senior Exemption Count 78 "0", "1", "2" 78 9 1 Blank line 10 \_ \_ Line 8. Dependent Exemption Count 77 2 78 Numeric, For Example "1", "2", "3"..."99" 11 12 Blank line \_ \_ \_ Form area 13 6 80 Conventional form, size/style Line 8. Dependent 1 First Name Alpha, No Embedded Spaces. If entry made in If entry made in this field, there must be this field, there must be entries in "Dependent 1 entries in "Dependent 1 Last Name" field, Last Name' field at print line 16, "Dependent 1 "Dependent 1 SSN" field, and "Dependent SSN" field at print line 18, "Dependent 1 1 Relationship" field. Otherwise, all four Relationship" field at print line 20. Otherwise, all fields must be blank. 30 four fields must be blank. 14 Line 8. Dependent 2 First Name Alpha, No Embedded Spaces. If entry made in If entry made in this field, there must be this field, there must be entries in "Dependent 2 entries in "Dependent 2 Last Name" field, Last Name" field at print line 16, "Dependent 2 "Dependent 2 SSN" field, and "Dependent SSN" field at print line 18, "Dependent 2 2 Relationship" field. Otherwise, all four Relationship" field at print line 20. Otherwise, all fields must be blank. 14 11 52 four fields must be blank. Alpha, No Embedded Spaces. If entry made in Line 8. Dependent 3 First Name this field, there must be entries in "Dependent If entry made in this field, there must be 3 Last Name" field at print line 16, "Dependent entries in "Dependent 3 Last Name" field, 3 SSN" field at print line 18, "Dependent 3 "Dependent 3 Relationship" field, and Relationship" field at print line 20. Otherwise, all "Dependent 3 SSN" field. Otherwise, four fields must be blank. (Exception: If more all four fields must be blank. 73 than three dependents, leave blank.) 63 11 14 Blank line 15 Line 8. Dependent 1 Last Name If entry made in this field, there must be Alpha. If entry made in this field, there must be entries in "Dependent 1 First Name" field, entries in "Dependent 1 First Name" field at print "Dependent 1 Relationship" field and line 14, "Dependent 1 SSN" at print line 18, and "Dependent 1 SSN" field. Otherwise, "Dependent 1 Relationship" field at print line 20. 16 all four fields must be blank. 20 17 36 Otherwise, all four fields must be blank. Line 8. Dependent 2 Last Name If entry made in this field, there must be Alpha. If entry made in this field, there must be entries in "Dependent 1 First Name" field, entries in "Dependent 2 First Name" field at print "Dependent 1 Relationship" field line 14, "Dependent 2 SSN" at print line 18, and and "Dependent 1 SSN" field. Otherwise, "Dependent 2 Relationship" field at print line 20. all four fields must be blank. 42 17 58 Otherwise, all four fields must be blank. 16

Definitions		MUST BE AL	L CAPS)		Use Courier 12-point font, not bold, for taxpayer data		
	NUMERIC ALPHANUMERIC	= 0-9 = A-Z, (	MUST BE A	LL CAPS) 0-9	Survey. (β Left Align	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 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 Description	
	Line 8. Dependent 3 Last Name					Alpha. If entry made in this field, there must be	
16	If entry made in this field, ther entries in "Dependent 1 First N "Dependent 1 Relationship" fie and "Dependent 1 SSN" field. all four fields must be blank.	lame" field, eld	63	17	79	entries in "Dependent 3 First Name" field at print 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 nore than three dependents, leave blank.)	
17	Blank line		-	_	-	-	
	Line 8. Dependent 1 SSN					Numeric. If entry made in this field, there must be	
18	If entry made in this field, ther entries in "Dependent 1 First N "Dependent 1 Last Name" field and "Dependent 1 Relationshi Otherwise, all four fields must	Vame" field, d p" 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.	
	Line 8. Dependent 2 SSN					Numeric. If entry made in this field, there must be	
18	If entry made in this field, ther entries in "Dependent 2 First N "Dependent 2 Last Name" field and "Dependent 2 Relationshi Otherwise, all four fields must	Name" field, d p" field.	42	9	50	entries in "Dependent 2 First Name" field at print line 14, "Dependent 2 Last Name" field at print line 16 and "Dependent 2 Relationship" field at print line 20. <b>Otherwise, all four fields must be</b> <b>blank.</b>	
	Line 8. Dependent 3 SSN If entry made in this field, ther entries in "Dependent 3 First N "Dependent 3 Last Name" fiel and "Dependent 3 Relationshi	<b>lame" field, d</b> p" field.		~		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	
18	Otherwise, all four fields must	be blank.	63	9	71	dependents, leave blank.)	
19	Blank line		-	-	_	-	
20	Line 8. Dependent 1 Relationshi If entry made in this field, ther entries in "Dependent 1 First N "Dependent 1 Last Name" field and "Dependent 1 SSN" field. all four fields must be blank.	e must be Name" field, d	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. <b>Otherwise, all four fields must be blank</b>	
	Line 8. Dependent 2 Relationshi	p					
20	If entry made in this field, ther entries in "Dependent 2 First N "Dependent 2 Last Name" field and "Dependent 2 SSN" field, all four fields must be blank.	e must be Name" field, d	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. <b>Otherwise, all four fields must be blank</b>	
		<u> </u>				Alpha. If entry made in this field, there must be	
20	Line 8. Dependent 3 Relationshi If entry made in this field, ther entries in "Dependent 3 First N "Dependent 3 Last Name" field and "Dependent 3 SSN" field. all four fields must be blank.	e must be Name" field, d	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)

### Absolute Positioning Form 540 2EZ Specifications (Side 2)

Definitions	NUMERIC =	= 0-9	/IUST BE AL MUST BE AL	L CAPS) L 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 rint line 63). All printed text and data must be ad unless specific instruction is provided in Fie 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
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
31	Line 13. Total capital gains distribu mutual funds	utions from	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			_		-
40	Line 19. Nonrefundable renter's cr	edit	73	5	77	Numeric
41-43	Form area		6	-	80	Conventional form, size/style
44	Line 21. Tax		73	5	77	Numeric
45	Blank lines		_	-		_
46	Line 22. Total tax withheld		71	7	77	Numeric
47	Blank line		- 6	_	_	_
48	Line 23a. Earned Income Tax Cre	dit (EITC)	73	5	77	Numeric
49	Blank Line		-	-	_	_
50	Line 23b. Young Child Tax Credit (	YCTC)	71	7	77	Numeric
51	Blank Line	,		_	_	_
52	Line 23c. Foster Youth Tax Credit	(FYTC)	71	7	77	Numeric
53	Blank Line		_	_	_	_
54	Line 25. Total payments		68	10	77	Numeric
55	Blank Line		_	_	_	_
56	Line 26. Use tax		48	6	53	Numeric
57	Blank line	-	_	_	_	_
58	Line 26. No use tax is owed		30	1	30	Upper X = marked check box Blank = unmarke check box
58	Line 26. You paid your use tax obl directly to CDTFA	igation	48	1	48	Upper X = marked check box Blank = unmarke check box
<del>58</del>	Full year health care coverage	,	<del>79</del>	4	<del>79</del>	Upper X = marked check box Blank = unmarked check box

		Absolut	e Posi	tioning Fo	rm 540 2EZ S	Specificatior	ns (Side 2)
Definitions	ALPHA NUMERIC ALPHANUMERIC	= = =	0-9	IUST BE AL MUST BE AI	L CAPS) _L 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 rint line 63). All printed text and data must be d unless specific instruction is provided in Field n column.
Print				Begin	Maximum	End	
Line <u>Number</u>	Identification			Print <u>Position</u>	Field <u>Length</u>	Print <u>Position</u>	Field Description
59-61	Blank lines			_		_	
62-63	Bottom Registration Mark, An conventional Form 540 2EZ	ichor Mar	k, 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, "3112224"
						5	Print Reason Codes, Numeric "1" = 1 believe there is an extra cost to e-file "2" = 1 believe e-filing is not secure "3" = 1 do not want 3rd party software to have my data "4" = 1 do not want Franchise Tax Board to have my data "5" = My Federal e-file return was rejected "6" = 1 have no Internet connection
63	Paper Return Survey			53	1	53	Or blank
		5	5				

## Absolute Positioning Form 540 2EZ Specifications (Side 2

### Absolute Positioning Form 540 2EZ Specifications (Side 3)

	Absolute Positi	oning For	rm 540 2EZ S	pecifications	s (Side 3)
Definitions	NUMERIC = 0-9	JST BE ALI UST BE AL	L CAPS) L CAPS) 0-9	(print lines 5 Survey. (prir	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 unless specific instruction is provided in Field column.
Print		Begin	Maximum	End	
Line <u>Number</u>	Identification	Print <u>Position</u>	Field	Print <u>Position</u>	Field Description
1-3	Blank lines	<u>– – – – – – – – – – – – – – – – – – – </u>	Length -	<u>– – – – – – – – – – – – – – – – – – – </u>	
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
<del>-</del> 5-9	Form area	6	_	80	Conventional form size/style
5.5	i onn alca	0			Conventional form size/style with exact position
10- <del>60</del>	Form area with exact position data fields	-	_		data fields Upper X = marked check box Blank = unmarked
10	full-year health care coverage	79	1	79	check box
11	Form area	6	-	80	Conventional form, size/style
12	Individual Shared Responsibility (ISR) Penalty	63	15	63	Numeric
13	Blank Line	_	-	_	-
14	Line 28. Payments balance	63	15	77	Numeric
15	Blank line	_	_		-
16	Line 29. Use Tax balance	63	15	77	Numeric
17	Form area	6	15	80	Conventional form, size/style
17		0		00	conventional offit, size/style
18	Line 30 Payments after individual Shared Responsibility Penalty	63	15	77	Numeric
19	Form area	6	_	80	Conventional form, size/style
	Line 31 Individual Shared Responsibility				
20	Penalty balance	63	15	77	Numeric
21	Blank line		_		
22	Line 32. Overpaid tax	63	15	77	Numeric
23	Form area	6	-	80	Conventional form, size/style
24	Line 33. Tax due	63	15	77	Numeric
25-26	Form area	6	_	80	Conventional form, size/style
27	Code 400. California Seniors Fund.	63	15	77	Numeric
28	Blank line	-	2	_	_
29	Code 401. Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	63	15	77	Numeric
30	Blank line	_	_	_	_
31	Code 403. Rare and Endanger Species Preservation Voluntary Tax Contribution Program	63	15	77	Numeric
32	Blank line	_	-	_	_
	Code 405. California Breast Cancer Research				
33	Voluntary tax Contribution Fund	63	15	77	Numeric
34	Blank line	_	_	_	
35	Code 406. California Firefighter's Memorial Voluntary Tax Contribution Fund	63	15	77	Numeric
36	Blank line	-	-	_	
37	Code 407. Emergency Food for Families Voluntary Tax Contribution Fund	63	15	77	Numeric
38	Blank line	_	-	_	_
	Code 408. California Peace Officer Memorial				
39	Foundation Voluntary Tax Contribution Fund	63	15	77	Numeric
40	Blank line	_	-	_	

### Absolute Positioning Form 540 2EZ Specifications (Side 3)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12
	NUMERIC	=	0-9	(print lines 5–6
	ALPHANUMERIC	=	A-Z, (MUST BE ALL CAPS) 0-9	Survey. (print li

Use Courier 12-point font, not bold, for taxpayer data (print lines 5–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.

Print Line		Begin Print	Maximum Field	End Print	Field
Number	Identification	Position	<u>Length</u>	Position	Description
41	Code 410. California Sea Otter Voluntary Tax Contribution Fund	63	15	77	Numeric
42	Blank line	_	_	_	
43	Code 413. California Cancer Research Voluntary Tax Contribution Fund	63	15	77	Numeric
44	Blank line	_	_	-	
45	Code 422. School Supplies for Homeless Children Voluntary Tax Contribution Fund	63	15	77	Numeric
46	Blank line	_	-		<u> </u>
47	Code 423. State Parks Protection Fund/Parks Pass Purchase	63	15	77	Numeric
48	Blank line	_	-	-	-
49	Code 424. Protect Our Coast and Oceans Voluntary Tax Contribution Fund	63	15	77	Numeric
50	Blank line	-		_	
51	Code 425. Keep Arts in Schools Voluntary Tax Contribution Fund	63	15	77	Numeric
52	Blank line		_	-	_
53	Code 431. Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	63	15	77	Numeric
54	Blank line	-	-		_
55	Code 438. California Senior Citizen Advocacy Voluntary Tax Contribution Fund	63	15	77	Numeric
56	Blank line	-	-	_	_
57	Code 439. Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	63	15	77	Numeric
58	Blank line	-		_	_
59	Code 440. Rape Kit Backlog Voluntary Tax Contribution Fund	63	15	77	Numeric
60-61	Blank lines	_	_	_	
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, "3113224"
					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
63	Paper Return Survey	53	1	53	Or blank

# Absolute Positioning Form 540 2EZ Specifications (Side 4)

		-		-	
Definitions	NUMERIC = 0-9	JST BE AL UST BE AI	L CAPS) LL CAPS) 0-9	(print lines Survey. (p	er 12-point font, not bold, for taxpayer data 5–60) 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 n 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	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-8	Form area	6	-	80	Conventional form size/style
9- <del>60</del>	Form area with absolute position data fields	_	_	_	Conventional form size/style with absolute position data fields
9	Code 444. Suicide Prevention Voluntary Tax Contribution Fund	63	15	77	Numeric
10	Blank line	-	-		
11	Code 445. Mental Health Crisis Prevention Voluntary Contribution Fund	63	15	77	
12	Blank line	-	-	-	
13	Code 446. California Community and Neighborhood Tree Voluntary Tax Contribution Fund	63	15	77	Numeric
14	Blank line	-		-	
15	Add amounts in code 400 through code 446. This is your total contributions	63	15	77	Numeric
16-21	Form area	6	-	80	Conventional form, size/style
22	Line 35. Amount You Owe	63	15	77	Numeric
23-27	Form area	6	-	80	Conventional form, size/style
28	Line 36. Refund or no Amount due	63	15	77	Numeric
29-33	Form area	6	_	80	Conventional form, size/style
34	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		29	Upper X = marked check box Blank = unmarked check box
35	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. <b>Otherwise, all</b> <b>four fields must be blank.</b>
35	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. <b>Otherwise, all</b> <b>four fields must be blank.</b>
35	Line 37. 1Direct Deposit Amount	63	15	77	Numeric
36	1Savings Check Box	29	1	29	Upper X = marked check box Blank = unmarked check box
37-39	Form area	6	_	80	Conventional form, size/style

Definitions	ALPHA = NUMERIC = ALPHANUMERIC =	A-Z (MUST BE A 0-9 A-Z, (MUST BE A	,	Use Courier 12-point font, not bold, for taxpayer data (print lines 5–60) and CTP ID, Doc ID and Paper Return Survey. (print line 63). All printed text and data must be Left Aligned unless specific instruction is provided in Field Description 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>	
	2Checking Check Box If entry in this field, there must be en in "Routing Number" Field and "Acc Number" Field. Otherwise, all three f	ount			Upper X = marked check box	
40	must be blank.	29	1	29	Blank = unmarked check box	
41	Form area	6	_	80	Conventional form, size/style	
42	2Savings Check Box	29	1	29	Upper X = marked check box Blank = unmarked check box	
	2Routing Number			2	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	
42	"Account Number" Field and "Check Savings" Check Box. Otherwise, all three fields must be blank.	ting or 12	9	20	32 and "Checking" Check box at print line 30 or "Savings" Check box at print line 32. Otherwise, a four fields must be blank.	
42	2Account Number If entry in this field, there must be en "Routing Number" Field and "Check Savings" Check Box. Otherwise, all three fields must be blank.		5	54	Numeric; "" If entry made in this field, there must be entries in the "Routing Number" Field at print line 32 and "Checking" Check box at print line 30 of "Savings" Check box at print line 32. <b>Otherwise, a</b> <b>four fields must be blank.</b>	
42	Line 38. 2Direct Deposit Amount	63	15	77	Numeric	
<del>38-46</del>	Form area	6	_	80	Conventional form, size/style	
47	Email address	17	42	<del>5</del> 8	Alphanumeric	
47	Preferred phone number	60	14	73	Numeric; "."	
<del>48-52</del>	Form area	6	-	80	Conventional form, size/style	
<del>53</del>	PTIN	63	9	71	Numeric	
<del>54-55</del>	Form area	6	-	<del>80</del>	Conventional form, size/style	
<del>56</del>	FEIN	63	9	<del>71</del>	Numerie	
<del>57</del>	Blank line	-	-	_	_	
<del>58</del>	Yes - Discuss Return Check Box	65	4	<del>65</del>	Upper X = marked check box Blank = unmarked check box	
<del>58</del>	No - Discuss Return Check Box	72	1	<del>72</del>	Upper X = marked check box Blank = unmarked check box	
43-61	Form area	6	-	80	Conventional form, size/style	
62-63	Bottom Registration Mark, Anchor Mar conventional Form 540 2EZ	k, 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, "3114224"	
					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 <sup>rd</sup> 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	
	Paper Return Survey	53	1	53	Or blank	

	Abso	olute Posit	ioning Fo	rm 540 2EZ S	pecifications	s (Side 5)
Definitions	ALPHA = NUMERIC = ALPHANUMERIC =	0-9	UST BE AL IUST BE AI	L CAPS) LL CAPS) 0-9	(print lines 5 Survey. (prir	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 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		_	_	_	_
4	Anchor Mark		59	2	60	Anchor mark, Conventional form size/style
5-17	Form area		6	_	80	Conventional form size/style
18- <del>60</del>	Form area with absolute position d	ata fields	_	_	-	Conventional form size/style with absolute position data fields
18	Email address		17	42	58	Alphanumeric
18	Preferred phone number		60	14	73	Numeric; "-"
19-23	Form area		6	-	-80	Conventional form, size/style
24	PTIN		63	9	71	Numeric
25-26	Form area		6	-	80	Conventional form, size/style
27	FEIN		63	9	71	Numeric
28	Blank line		_	-	_	
29	Yes – Discuss Return Check Box		65	1	65	Upper X = marked check box Blank = unmarked check box
29	No – Discuss Return Check Box		72	1	72	Upper X = marked check box Blank = unmarked check box
30-61	Form area		6	_	80	Conventional form, size/style
62-63	Bottom Registration Mark, Anchor conventional Form 540 2EZ	Mark, and	-	-		End of bottom registration mark, anchor mark, and conventional form size/style
63	CTP ID (mandatory)	(	32	3	34	Numeric

40 63 7 Doc ID (mandatory) 46 Numeric, "3115224" 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<sup>rd</sup> party software to have my data "4" = I do not want Franchise Tax Board to have "5" = My Federal e-file return was rejected "6" = I have no Internet connection Paper Return Survey 53 63 53 1 Or blank

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

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

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