Absolute Positioning Schedule X Specifications (Side 1)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), 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.
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
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 "X" Area	70	9	78	Conventional form size/style
6	Title of Form	15	42	56	Conventional form size/style
6	Form Identifier "X" Area	70	9	78	Conventional form size/style
6	Bold Line	6	–	80	Conventional form size/style
7-61	Form area with absolute positioning data fields	–	–	–	Conventional form size/style
7-8	Form area	6	–	80	Conventional form size/style
9	Name(s) as shown on amended tax return	6	58	63	Alpha, No Embedded Spaces, No symbols or punctuations
9	SSN or ITIN	66	14	79	–
10	Blank Line	–	–	–	–
11	"Part 1 Financial Adjustments – Reconciliation"	6	–	80	Conventional form size/style
12	Blank Line	–	–	–	–
13	Line 1. Enter the amount you owe	63	15	77	Numeric
14	Form area	6	–	80	Conventional form size/style
15	Line 2. Overpaid Tax	63	15	77	Numeric
16	Blank Line	–	–	–	–
17	Line 3. Add line 1 and line 2	63	15	77	Numeric
18	Blank Line	–	–	–	–
19	Line 4. Enter the refund	63	15	77	Numeric
20	Form area	6	–	80	Conventional form size/style
21	Line 5. Tax paid with original tax return	63	15	77	Numeric
22	Blank Line	–	–	–	–
23	Line 6. Add line 4 and line 5	63	15	77	Numeric
24	Blank Line	–	–	–	–
25	Line 7. Amount you owe	63	15	77	
26	Form area	6	–	80	Conventional form size/style
27	Line 8. Penalties/Interest	63	15	77	Numeric
28	Blank Line	–	–	–	–
29	Line 9. Refund subtotal	63	15	77	Numeric
30	Blank Line	–	–	–	–
31	Line 10. Amount applied to estimated tax	63	15	77	Numeric
32	Blank Line	–	–	–	–

Absolute Positioning Schedule X Specifications (Side 1)

Definitions	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7–60), 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.
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z (MUST BE ALL CAPS), 0-9	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
33	Line 11. Refund	63	15	77	Numeric
34	Blank Line	–	–	–	–
35	"Part II Reason(s) for Amending"	6		25	Conventional form size/style
36-37	Form area	6		80	Conventional form size/style
38	Line 1a. Protective claim for refund	13	1	13	Upper X = marked check box Blank = unmarked check box
38	Line 1f. NOL carryback	41	1	41	Upper X = marked check box Blank = unmarked check box
38	Line ~~1k. Military HR 100~~	66	1	66	Upper X = marked check box Blank = unmarked check box
39	Blank Line	–	–	–	–
40	Line 1b. Reservation source income adjustments	13	1	13	Upper X = marked check box Blank = unmarked check box
40	Line 1g. Error on original return	41	1	41	Upper X = marked check box Blank = unmarked check box
40	Line ~~1I. Informal claim~~	66	1	66	Upper X = marked check box Blank = unmarked check box
41	Blank Line	–	–	–	–
42	Line 1c. Pass-through entity adjustments	13	1	13	Upper X = marked check box Blank = unmarked check box
42	Line 1h. Credit adjustments	41	1	41	Upper X = marked check box Blank = unmarked check box
42	Line 1~~m. Other~~	66	1	66	Upper X = marked check box Blank = unmarked check box
43	Blank Line	–	–	–	–
44	Line 1d. Federal audit and/or adjustments	13	1	13	Upper X = marked check box Blank = unmarked check box
44	Line 1i. Earned income tax credit	41	1	41	Upper X = marked check box Blank = unmarked check box
45	Blank Line	–	–	–	–
46	Line 1e. FTB audit contact	13	1	13	Upper X = marked check box Blank = unmarked check box
~~46~~	~~Line 1j. Disaster loss~~	~~41~~	~~1~~	~~41~~	~~Upper X = marked check box~~ ~~Blank = unmarked check box~~
47-61	Form area	6	–	80	Conventional form size/style
62-63	Bottom Registration Mark, Anchor Mark, and conventional Schedule X	–	–	–	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, "8531214"

Absolute Positioning Schedule X Entity Area Record Layout
Note: Record Layout is Reduced