

GUIDELINES FOR SCANNABLE FORM 541-ES

Scannable Form 541-ES Specifications

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

| Print Line Number | Identification | Begin Print Position | Maximum Field Length | End Print Position | Field Description |
|-------------------|---|----------------------|----------------------|--------------------|---|
| 1-3 | Blank lines | – | – | – | – |
| 4 | “Form at bottom of page.” | 30 | 29 | 58 | Conventional form size/style |
| 4 | Anchor Mark | 59 | 2 | 60 | Anchor mark, Conventional form size/style |
| 5-8 | Blank line | – | – | – | – |
| 9-21 | “Payment form...” and box | 12 | 62 | 73 | Conventional form size/style |
| 23-33 | Blank line | – | – | – | – |
| 34-42 | “Where to pay” and box | 12 | 62 | 73 | Conventional form size/style |
| 43-44 | Blank lines | – | – | – | – |
| 45 | “Detach Here”/“Do Not Mail” line | 6 | 75 | 80 | Conventional form size/style |
| 46 | Payment Due Date | 62 | 19 | 80 | Conventional form size/style “File and Pay by April 15, 2024” “File and Pay by June 17, 2024” “File and Pay by Sept. 16, 2024” “File and Pay by Jan. 15, 2025” |
| 47 | “Taxable Year and underline” | 6 | 8 | 13 | Conventional form size/style |
| 47 | “California Form” and underline | 69 | 11 | 79 | Conventional form size/style |
| 48 | Taxable Year Area “2024” | 7 | 6 | 12 | Conventional form size/style |
| 48 | Title of Form | 15 | 37 | 51 | Conventional form size/style |
| 48 | Form Identifier (541-ES) Area | 70 | 9 | 78 | Conventional form size/style |
| 49 | Taxable Year Area “2024” | 7 | 6 | 12 | Conventional form size/style |
| 49 | Title of Form | 15 | 37 | 51 | Conventional form size/style |
| 49 | Form identifier (541-ES) Area | 70 | 9 | 78 | Conventional form size/style |
| 49 | Bold line | 6 | 75 | 80 | Conventional form size/style |
| 50 | Blank line | – | – | – | – |
| 51 | Estate’s or Trust’s FEIN (mandatory) | 6 | 10 | 15 | Numeric, “_” |
| 51 | Name Control (All estates use “ESTA” and all trusts use “TRUS”) (mandatory) | 18 | 4 | 21 | Alpha |
| 51 | Form Year Indicator | 56 | 2 | 57 | “24” |
| 51 | Account Period Ending (APE) | 65 | 3 | 67 | “APE” |
| 51 | APE | 71 | 6 | 76 | Calendar year payment = “0” at print position 76. Fiscal year payment = “MMYYYY” |
| 52 | Name of Estate or Trust (mandatory) | 6 | 33 | 38 | Alphanumeric |
| 53 | Name and Title of Fiduciary (mandatory) | 6 | 33 | 38 | Alphanumeric |
| 54 | Additional Information for In-Care-Of, Representative, Attention Name or Supplemental Address Information | 6 | 35 | 40 | Alphanumeric, Embedded spaces, No punctuation, No symbols other than “/” If in-care-of/representative/attention name or supplemental address information, leave print line 54 blank. |

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 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 |
|-------------------|---|----------------------|----------------------|--------------------|---|
| 55 | Street Address (mandatory) | 6 | 35 | 40 | Alphanumeric, Embedded spaces, No punctuation, No symbols other than “/” or “-” |
| 55 | APT, STE, SP, RM, FL, BLDG, and UN | 43 | 5 | 47 | Alpha, L.I. “APT, STE, SP, RM, FL, BLDG, or UN” Print only if there is a Number or Letter. |
| 55 | APT, STE, SP, RM, FL, BLDG, and UN Number or Letter | 49 | 5 | 53 | Alphanumeric, no symbols |
| 55 | Private Mail Box (PMB) | 56 | 3 | 58 | “PMB” Print only if there is a Number or Letter. |
| 55 | Private Mail Box Number or Letter | 60 | 6 | 65 | Alphanumeric |
| 56 | City (mandatory) | 6 | 17 | 22 | Alphanumeric, Embedded spaces |
| 56 | State (mandatory) (Use Standard Abbreviations in this publication.) | 25 | 2 | 26 | Alpha, If foreign address, leave State field blank. |
| 56 | ZIP Code | 29 | 10 | 38 | Numeric, “-”; If foreign address, leave ZIP Code field blank. |
| 57 | If Foreign Country Name | 6 | 19 | 24 | Alphanumeric, Embedded spaces or blank. 2-character Country Abbreviation may be used. |
| 57 | If Foreign Province/State/County | 27 | 17 | 43 | Alphanumeric, Embedded spaces, or blank |
| 57 | If Foreign Postal Code | 46 | 16 | 61 | Alphanumeric, Embedded spaces, or blank |
| 58 | Amount of Payment | 42 | 17 | 58 | Print as: “Amount of Payment” |
| 58 | Estate’s or Trust’s Amount of Payment | 63 | 10 | 72 | Numeric, Right Aligned, whole dollars only, or blank. Decimal point must print at end of dollar amount at print position 72.** Do not use commas. |
| 59-61 | Blank lines | - | - | - | - |
| 62-63 | Bottom Registration Mark, Anchor Mark, and conventional Form 541-ES | - | - | - | 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, “1211246” |

**If payment amount is not known, leave blank.

