

**GUIDELINES FOR SCANNABLE FORM 541-ES**

**Scannable Form 541-ES Specifications**

Definitions: ALPHA = A-Z (MUST BE ALL CAPS) Use Courier Std 12-point font, not bold, for taxpayer data (print lines 51–58) and CTP ID, and Doc. ID, (print line 63).  
 NUMERIC = 0-9 All printed text and data must be Left Aligned unless specific instruction is provided in Field Description column.  
 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                 | “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<br>“File and Pay by April 15, 2025”<br>“File and Pay by June 16, 2025”<br>“File and Pay by Sept. 15, 2025”<br>“File and Pay by Jan. 15, 2026”            |
| 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 “2025”  | 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 “2025”  | 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                 | “25”  |
| 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, LJ, “APT, STE, SP, RM, FL, BLDG, or UN”<br>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.**<br><b>Do not use commas.</b> |
| 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, “1211256”  |

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

