Scannable Form 100-ES Specifications

ALPHA A-Z (MUST BE ALL CAPS) Definitions:

NUMERIC ALPHANUMERIC

0-9 A-Z, 0-9 Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63)

	HT JUSTIFY = RJ				
Print		Begin	Maximum	End	
Line Number	Identification	Print Position	Field <u>Length</u>	Print Position	Field Description
1-3	Blank lines	-	<u>Lerigiri</u>	<u> </u>	— A A
4	"Form at bottom of page."	30		 58	Conventional form size/style
4				60	
4	Anchor Mark Blank line	59	2	-	Conventional form size/style
5		10	-		- Conventional forms size/at-do
6-13	"Installment Information" and box	12	62	73	Conventional form size/style
14	Blank line	-	_	-	-
15-27	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
28	Blank line	_	-	-	-
29-37	"ONLINE SERVICES" and box	12	62	73	Conventional form size style
38-44	Blank lines	_	-	-	- \
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
	"CAUTION: The corporation				
46	may be required to pay electronically, see instructions."	6	54	59	Conventional form size/style
10	Installment X ("X" represents the		J-1		O Tive Hale Hall To Hill Size/Style
46	installment number: 1, 2, 3, and 4.)	69	11	79	Conventional form size/style
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 "20 19 "	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (100-ES) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "20 19 "	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (100-ES) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	-	_	_	-
					Numeric, seven digits, No preceeding alpha
					character or dashes, spaces, or punctuation.
51	Corporation Number (mandatory)	6	7	12	(e.g., "1234567" or "0000000")
	Entity Name Control (First Four				Alabaman da Na ambaddadan a Na
51	characters of Corporation's Name (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
<u>. </u>	Federal Employer Identification				Numeric, "-", zero fill (e.g., "12-3456789" or
51	Number (FEIN) (if available)	26	10	35	"00-0000000")
	California Secretary of State (SOS),	40	10	5 4	Numeric, CA SOS number must begin with 19 or 20 (e.g., 200412345678"). CA SOS number is 12 digits. If not available, zero fill
51	(if applicable)	40	12	51	(e.g., "00000000000")
51	Form Year Indicator (mandatory)	59	2	60	" 19 "
51	FORM (mandatory)	68	4	71	"FORM"

Scannable Form 100-ES Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS)

NUMERIC = 0-9 ALPHANUMERIC = A-Z, 0-9 LEFT JUSTIFY = LJ RIGHT JUSTIFY = RJ Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).

Print Field Position Description D		RIGHT JUSTIFY = RJ				
Number Identification Position Position Position The type if return the entity will file: 100, 100 (v. 100S = "1" 109 = 100 100						
The type directorn the entity will file: 100, 10W, o 1008 = 11		Identification				
Form Type Indicator (mandatory)	<u>INUITIDEI</u>	identification	1 03111011	Lengui	<u>i Osition</u>	
Form Type Indicator (mandatory)						
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Decimal point must print at end of dollar amount		COURTER (Manualory)		12	77	
58 QSub Tax Amt 49 10 58 - print position 58.						
	58	QSub Tax Amt	49	10	58	– print position 58.

Scannable Form 100-ES Specifications

Definitions: ALPHA = A-Z (MUST BE ALL CAPS)

NUMERIC = 0-9
ALPHANUMERIC = A-Z, 0-9
LEFT JUSTIFY = LJ
RIGHT JUSTIFY = BJ

Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).

	RIGHT JUSTIFY = RJ				
Print		Begin	Maximum	End	
Line		Print	Field	Print	Field
Number	<u>Identification</u>	<u>Position</u>	<u>Length</u>	<u>Position</u>	<u>Description</u>
59	"Total Payment Amt" (mandatory)	46	17	62	Print as: "Total Payment Amt"
					Numeric, RJ, whole dollars only, or blank. Decimal point must print at end of dollar amount
59	Total Payment Amt	67	10	76	– print position 76.
60-61	Blank lines	-	_	-	
62-63	Bottom Registration Mark, Anchor Mark and conventional Form 100-ES	_	_		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, "6101 19 6"

Scannable Form 100-ES Record Layout

Note: Record Layout is Reduced

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