

Scannable Form 100-ES Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data
	NUMERIC	=	0-9	(print lines 51 - 59) and CTP ID and doc. ID (print line 63)
	ALPHANUMERIC	=	A-Z, 0-9	
	 JUSTIFY		 LJ	
	 RT JUSTIFY		 RJ	

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	Conventional form size/style
5	Blank line	—	—	—	—
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
46	"CAUTION: The corporation may be required to pay electronically, see instructions."	6	54	59	Conventional form size/style
46	Installment X ("X" represents the 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 "2019"	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 "2019"	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	—	—	—	—
51	Corporation Number (mandatory)	6	7	12	Numeric, seven digits, No preceeding alpha character or dashes, spaces, or punctuation. (e.g., "1234567" or "0000000")
51	Entity Name Control (First Four characters of Corporation's Name (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, "-", zero fill (e.g., "12-3456789" or "00-0000000")
51	California Secretary of State (SOS), (if applicable)	40	12	51	Numeric, CA SOS number must begin with 19 or 20 (e.g., 200412345678). CA SOS number is 12 digits. If not available, zero fill (e.g., "000000000000")
51	Form Year Indicator (mandatory)	59	2	60	"19"
51	FORM (mandatory)	68	4	71	"FORM"

GUIDELINES FOR SCANNABLE FORM 100-ES

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



Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
					The type of return the entity will file: 100, 100W, or 100S = "1" 109 = "2" If more than one form/no form = "0"
51	Form Type Indicator (mandatory)	74	1	74	
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB"
52	Taxable Year Beginning (mandatory)	11	10	20	Numeric, "-", Enter "MM-DD-YYYY" for fiscal or calendar year beginning. Enter "00-00-0000" only if TYB is unknown.
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	10	38	Numeric, "-", Enter "MM-DD-YYYY" for fiscal or calendar year ending. Enter "00-00-0000" only if TYE is unknown.
53	Name of Corporation (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
54	Additional Information for Owner, Representative, Attention name, or Doing Business As (DBA) or supplemental address information	6	35	40	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no owner/representative/attention name/DBA or supplemental address information, leave print line 54 blank.
55	Street Address (mandatory)	6	35	40	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	43	5	47	Alpha, LJ, "STE, RM, FL, BLDG, or UN". Print only if there is a Number or Letter.
55	STE, RM, FL, BLDG, and UN Number or Letter	50	5	54	Alphanumeric, LJ, no symbols
55	Private Mail Box (PMB)	57	3	59	"PMB", " Print only if there is a Number or Letter.
55	Private Mail Box Number or Letter	61	6	66	Alphanumeric, LJ
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, "-", LJ. If foreign address, leave ZIP Code field blank.
56	Telephone Number	52	14	65	Numeric "()", "-", embedded space, no other symbol or punctuation, or 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	"Est Tax Amt" (mandatory)	6	11	16	Print as: "Est Tax Amt"
58	Est Tax Amt	21	10	30	Numeric, RJ, whole dollars only, or blank. Decimal point must print at end of dollar amount – print position 30.
58	"QSub Tax Amt" (mandatory)	33	12	44	Print as: "QSub Tax Amt"
58	QSub Tax Amt	49	10	58	Numeric, RJ, whole dollars only, or blank. Decimal point must print at end of dollar amount – print position 58.

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Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
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 – print position 76.
59	Total Payment Amt	67	10	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, LJ
63	Doc. ID (mandatory)	40	7	46	Numeric, "6101-96"

Note: Record Layout is Reduced

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