

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 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 “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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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” 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.

