Appendix 2: Local Estimated File Format

Use this file format when creating a file of Estimated Payment data to be sent to TAX via EESMC. After successful transmission of the file, fax the associated Local Estimated Transmittal form to TAX.

Field Name	Start Position	End Position	Length	Required	Description
DEPOSIT_DATE	1	10	10	Required	Date the payment was deposited. Format MM/DD/YYYY.
CHECK_AMT	11	21	11	Required	Amount of the payment. Numeric.
RTN	22	30	9	Optional	Routing/Transit Number for the check. Alphanumeric.
BANK_ACCT_NUMBER	31	47	17	Optional	Bank Account Number for the check. Numeric.
CHECK_NUM_EST_PMT	48	56	9	Optional	Check Number for the check. Numeric.
SUBMITTED_DATE	57	66	10	Required	Date the payment was submitted to the locality. Format MM/DD/YYYY.
FIRST_TIMER_NEW_ADDRESS	67	67	1	Conditionally Required	Values are 'Y' (yes) or 'N' (no). Use only if the field on the voucher indicates a 1st time filer or if change of address is checked.
PRI_SSN_FEIN	68	76	9	Required	If Individual, Primary SSN; if Fiduciary, FEIN.
PRI_SSN_FEIN_TYPE	77	77	1	Required	'S' if SSN, 'F' if FEIN.
TAX_YEAR	78	81	4	Required	Tax Year for the payment. Format YYYY.
VOUCHER_NUMBER	82	82	1	Required	Voucher Number of the Estimated Payment. Also known as the Filing Quarter. Valid values are 1 - 4.
IND_LNAME	83	102	20	Conditionally Required	If an Individual customer, Primary Last Name. Required if PRI_SSN_FEIN_TYPE = 'S'
IND_FNAME	103	122	20	Optional	If an Individual customer, Primary First Name. Only use if PRI_SSN_FEIN_TYPE = 'S'
ADDRESS	123	222	100	Conditionally Required	First Address Line; Required if FIRST_TIMER_NEW ADDRESS = 'Y'.
ALT_ADDRESS	223	262	40	Optional	Do not use this field if the First Address line is blank. Use only for overflow information from the Address line. Second Address Line
CITY	263	302	40	Conditionally Required	Required when FIRST_TIMER_NEW ADDRESS field = 'Y'.
STATE	303	304	2	Conditionally Required	Required when FIRST_TIMER_NEW ADDRESS field = 'Y'.
ZIP_CODE	305	314	10	Conditionally Required	Required when FIRST_TIMER_NEW ADDRESS field = 'Y'.

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Field Name	Start Position	End Position	Length	Required	Description
FIPS	315	319	5	Required	FIPS of the Locality that deposited the payments.
SEC_SSN	320	328	9	Optional	If an Individual customer, Secondary SSN. Include if secondary SSN is entered on the voucher.
SEC_LNAME	329	348	20	Optional	If an Individual customer, Secondary Last Name. Include if entered on the voucher.
SEC_FNAME	349	368	20	Optional	If an Individual customer, Secondary First Name. Include if entered on the voucher.
NAME_AND_TITLE_FIDUCIARY	369	408	40	Conditionally Required	If an Estate or Trust customer, enter the fiduciary name when FEIN _TYPE is 'F'
NAME_OF_ESTATE_OR_TRUST	409	448	40	Conditionally Required	If an Estate or Trust customer, enter name of the estate or trust. Required if FEIN_TYPE is 'F'
FILLER	449	449	1	Not Used	Not Used
DEPOSIT_CERTIF_NUM	450	457	8	Required	DC Number, used by TAX for the Advice Sheet.
FISCAL_MONTH	458	459	2	Optional	Identifies the fiscal month of the fiscal year; must include if entered on the form.
FILLER	460	462	3	Not Used	Not Used
MONTH	463	464	2	Conditionally Required	Submission month. Format MM.
WEEK_ENDING	465	472	8	Conditionally Required	Week ending date for submission. Format MMDDYYYY.
FILLER	473	480	8	Not Used	Not Used.