

540-ES Form 1 at bottom of page

PAY ONLINE: Use Web Pay and enjoy the ease of our free online payment service. Go to our website at ftb.ca.gov and search for **payment options**. **You can schedule your payments up to one year in advance.** **Do not mail this form if you use Web Pay.**

✂ DETACH HERE _____ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM _____ DETACH HERE ✂

TAXABLE YEAR

CALIFORNIA FORM

2009 Estimated Tax for Individuals File and Pay by April 15, 2009 540-ES

Fiscal year filers, enter year ending month: Year 2010

Your first name	Initial	Last name	Your SSN or ITIN
If joint payment, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN
Address (including number and street, PO Box, or PMB no.)			Apt no./Ste. no.
City (If you have a foreign address, see instructions)		State	ZIP Code

**Payment
Form
1**

Do not combine this payment with payment of your tax due for 2008. Make your check or money order payable to the "Franchise Tax Board." Write your social security number or individual taxpayer identification number and "2009 Form 540-ES" on it. Mail this form and your check or money order to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.**

Amount of payment

If no payment is due, do not mail this form.

See Section A of the instructions for an alternative to using this form.

00

2009 Estimated Tax for Individuals

File and Pay by June 15, 2009

540-ES

Fiscal year filers, enter year ending month: Year 2010

Your first name	Initial	Last name	Your SSN or ITIN
If joint payment, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN
Address (including number and street, PO Box, or PMB no.)			Apt no./Ste. no.
City (If you have a foreign address, see instructions)			State
			ZIP Code

Payment Form 2

Do not combine this payment with payment of your tax due for 2008. Make your check or money order payable to the "Franchise Tax Board." Write your social security number or individual taxpayer identification number and "2009 Form 540-ES" on it. Mail this form and your check or money order to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.**

If no payment is due, do not mail this form.

See Section A of the instructions for an alternative to using this form.

Amount of payment

00

For Privacy Notice, get form FTB 1131.

1201093

Form 540-ES 2008

✂ DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE ✂

2009 Estimated Tax for Individuals

File and Pay by Sept. 15, 2009

540-ES

Fiscal year filers, enter year ending month: Year 2010

Your first name	Initial	Last name	Your SSN or ITIN
If joint payment, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN
Address (including number and street, PO Box, or PMB no.)			Apt no./Ste. no.
City (If you have a foreign address, see instructions)			State
			ZIP Code

Payment Form 3

Do not combine this payment with payment of your tax due for 2008. Make your check or money order payable to the "Franchise Tax Board." Write your social security number or individual taxpayer identification number and "2009 Form 540-ES" on it. Mail this form and your check or money order to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.**

If no payment is due, do not mail this form.

See Section A of the instructions for an alternative to using this form.

Amount of payment

00

For Privacy Notice, get form FTB 1131.

1201093

Form 540-ES 2008

✂ DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE ✂

2009 Estimated Tax for Individuals

File and Pay by Jan. 15, 2010

540-ES

Fiscal year filers, enter year ending month: Year 2010

Your first name	Initial	Last name	Your SSN or ITIN
If joint payment, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN
Address (including number and street, PO Box, or PMB no.)			Apt no./Ste. no.
City (If you have a foreign address, see instructions)			State
			ZIP Code

Payment Form 4

Do not combine this payment with payment of your tax due for 2008. Make your check or money order payable to the "Franchise Tax Board." Write your social security number or individual taxpayer identification number and "2009 Form 540-ES" on it. Mail this form and your check or money order to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.**

If no payment is due, do not mail this form.

See Section A of the instructions for an alternative to using this form.

Amount of payment

00

For Privacy Notice, get form FTB 1131.

1201093

Form 540-ES 2008