# 2015 Instructions for Form FTB 3519

## **Payment for Automatic Extension for Individuals**

#### **General Information**

Mandatory Electronic Payments — You are required to remit all your payments electronically once you make an estimate or extension payment exceeding \$20,000 or you file an original tax return with a total tax liability over \$80,000. Once you meet this threshold, all subsequent payments regardless of amount, tax type, or taxable year must be remitted electronically. The first payment that would trigger the mandatory e-pay requirement does not have to be made electronically. Individuals who do not send the payment electronically will be subject to a 1% noncompliance penalty. For more information or to obtain the waiver form, go to ftb.ca.gov and search for mandatory epay. Electronic payments can be made using Web Pay on the Franchise Tax Board's (FTB's) website, electronic funds withdrawal (EFW) as part of the e-file tax return, or your credit card.

Use form FTB 3519, Payment for Automatic Extension for Individuals, **only** if both of the following apply:

You cannot file your 2015 tax return by April 18, 2016. Due to the Emancipation
Day holiday on April 16, 2016, tax returns filed and payments mailed or
submitted on April 18, 2016, will be considered timely.

**Note:** Fiscal Year Filers, your tax return is due the 15th day of the 4th month following the close of your fiscal year.

You owe tax for 2015.

When you file your 2015 tax return, you can **e-file** or **CalFile**. Go to **ftb.ca.gov** and search for **e-file options**. If you use form FTB 3519, you **may not** file Form 540 2EZ or Short Form 540NR.

Use the worksheet below to determine if you owe tax. If you **do not** owe tax, **do not** complete or mail form FTB 3519. However, file your tax return by October 17, 2016. If you owe tax, choose one of the following payment options:

Web Pay: Individuals can make payments online using Web Pay for Individuals.
 After a one-time online registration, taxpayers can make an immediate payment
 or schedule payments up to a year in advance. Go to ftb.ca.gov for more
 information. Do not mail form FTB 3519 to the FTB.

Credit Card: Use your major credit card. Call 800.272.9829 or go to
 officialpayments.com, use code 1555. Official Payments Corp. charges a
 convenience fee for using this service. Do not mail form FTB 3519 to the FTB.

 Check or Money Order: Using black or blue ink, complete your check or money order and the payment form below and mail both to the "Franchise Tax Board." Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

#### **Penalties and Interest**

If you fail to pay your total tax liability by April 18, 2016, you will incur a late payment penalty plus interest. We may waive the late payment penalty based on reasonable cause. Reasonable cause is presumed when 90% of the tax is paid by the original due date of the tax return. However, the imposition of interest is mandatory. If, after April 18, 2016, you find that your estimate of tax due was too low, pay the additional tax as soon as possible to avoid or minimize further accumulation of penalties and interest. Pay your additional tax with another form FTB 3519. If you do not file your tax return by October 17, 2016, you will incur a late filing penalty plus interest from the original due date of the tax return. For Fiscal Year Filers, your tax return is due the 15th day of the 10th month following the close of your fiscal year.

### **Taxpayers Residing or Traveling Outside the USA**

If you are residing or traveling outside the USA on April 18, 2016, the deadline to file your tax return and pay the tax is June 15, 2016. Interest will accrue from the original due date until the date of payment. If you need additional time to file, you will be allowed a six-month extension without filing a request. To qualify for the extension, file your tax return by December 15, 2016. To avoid any late-payment penalties, pay your tax liability by June 15, 2016. When filing your tax return, write "Outside the USA on April 18, 2016" at the top of your tax return in RED INK, or include it according to your software's instructions.

TA	X PAYMENT WO	ORKSHEET KEEP FOR YOUR REC	ORDS
<ul><li>Total tax you expect to owe. This is th</li><li>Payments and credits:</li></ul>	e amount you expect to enter	r on Form 540, line 64; or Long Form 540NR, line 74	100
a California income tax withheld (i	ncluding real estate and no	nresident withholding)	00_
<ul> <li>California estimated tax payment (To check your estimated tax pay</li> </ul>		your 2014 tax return	00
c Other payments and credits (incl form FTB 3519)		ade with any previous	00
3 Total tax payments and credits. Add	line 2a, line 2b, and line 2c	·	300
No. Stop here. You have no tax extension will apply. Yes. Subtract line 3 from line 1 a meet the requirements of the Mai search for mandatory epay. For a tax due amount from line 4 as the "2015 FTB 3519" in the "For" sea	nd enter on line 4. This is youndatory e-Pay program, you sheck or money order payme "Amount of payment." Maltion. Enclose, but do not stated to the state of the	3519. If you file your tax return by October 17, 2016 (fiscal our tax due. For online payments, <b>do not</b> mail the form, go to must make all payments electronically, regardless of the tax ents, using black or blue ink, complete your check or money ke your check or money order payable to the "Franchise Tax apple your payment to form FTB 3519 and mail to: CA 94267-0008.  The stamp – pay online with Web Pay!  MENT IS DUE, DO NOT MAIL THIS FORM ————————————————————————————————————	I year filer – see instructions), the automatic of th.ca.gov for more information. If you kable year or amount. Go to th.ca.gov and yorder and form FTB 3519 below. Enter the Board," and write your SSN or ITIN and
•			CALIFORNIA FORM
One from rou may	be required to pay electronically.		
		<u>atic Extension for Individu</u>	<u>ials 3519 (PIT)</u>
For calendar year 2015 or fiscal year	beginning (mm/dd/yyyy)	, and ending (mm/dd/yyyy)	·
Your first name	Initial Last name		Your SSN or ITIN
If joint payment, spouse's/RDP's first na	me Initial Last name		Spouse's/RDP's SSN or ITIN
Address (number and street, PO box, or	PMB no.)		Apt. no./ste. no.
City			State ZIP code
			Amount of normout
IF PAYMENT IS DUE, MAIL TO: FRANCHISE TAX BOARD		If amount of payment is	Amount of payment
PO BOX 942867 SACRAMENTO CA 94267-0008		If amount of payment is zero, do not mail this form	
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