540-ES Form 1 at bottom of page

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

	_ IF	NO PAYMENT IS DUE, DO	NOT MAIL	_ THIS F	ORM	DI	ETACH HERE \rightarrow	
TAXABLE YEAR CAUTION: You may be requi	ired to	pay electronically. See instructions.				C	ALIFORNIA FORM	
2017 Estimated Ta	ax f	or Individuals	File a	nd Pa	y by April	18, 2017	540-ES	
Fiscal year filers, enter year ending m	onth:	Year 2018						
Your first name	Initial	Last name				Your SSN or ITIN	1	
If joint payment, spouse's/RDP's first name	Initial	Last name		Spouse's/RE			DP's SSN or ITIN	
Address (number and street) PO box or PMB no. Apt							Payment	
City (If you have a foreign address, see instructio	ns)			State	ZIP code For			
Do not combine this payment with payment of your t to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANC	numbe	r or individual taxpayer identification numb	er and "2017 Fo	rm 540-ES"		ount of paymen	t	
If no payment is due, do not mail this form.		- , ,					00	
See Section A of the instructions for an alternative to	o using	this form.			L			
For Privacy Notice get ETB 1131 EN		12011	70		-	Form 540	-FS 2016	

2017 Estimated Tax for Individuals File and Pay by June 15, 2017 **540-ES**

Fiscal year filers, enter year ending m	onth	: Year 2018						
Your first name	Initial							
If joint payment, spouse's/RDP's first name	Initial	Last name				Spouse's/RDP's S	SN or ITIN	
Address (number and street) PO box or PMB no.						Apt no./ste. no.	Payment	
City (If you have a foreign address, see instruction		State	ZIP code	_	Form 2			
Do not combine this payment with payment of your ta to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANC If no payment is due, do not mail this form. See Section A of the instructions for an alternative to	numbe HISE T	er or individual taxpayer identification number and "20 AX BOARD, PO BOX 942867, SACRAMENTO CA 9	17 Form	540-ES" o		unt of payment	, , , , , <u>, , 00</u>	
For Privacy Notice, get FTB 1131 EN	Γ	Form 540-ES 2016						
•		F NO PAYMENT IS DUE, DO NOT N	MAIL	THIS FO	ORM	DE ⁻		
		o pay electronically. See instructions.						
		for Individuals File a	and	Pay b	by Sept. 1	5, 2017	540-ES	
Fiscal year filers, enter year ending m Your first name	onth Initial					Your SSN or ITIN		
If joint payment, spouse's/RDP's first name	Initial	Last name				Spouse's/RDP's S	SN or ITIN	
Address (number and street) PO box or PMB no						Apt no./ste. no.	Payment	
City (If you have a foreign address, see instruction	ons)			State	ZIP code		Form 3	
Do not combine this payment with payment of your ta to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANC If no payment is due, do not mail this form. See Section A of the instructions for an alternative to	numbe HISE T	er or individual taxpayer identification number and "20 AX BOARD, PO BOX 942867, SACRAMENTO CA 9	17 Form	540-ES" o		unt of payment	"	
For Privacy Notice, get FTB 1131 ENG		NO PAYMENT IS DUE, DO NOT N	I MAIL	THIS FO	ORM	Form 540-		
6		o pay electronically. See instructions.						
2017 Estimated Ta	X	for Individuals File	and	Pay	by Jan. 16	s, 2018	540-ES	
Fiscal year filers, enter year ending m Your first name	onth: Initial					Your SSN or ITIN	_	
If joint payment, spouse's/RDP's first name	Initial	Last name		1 1		Spouse's/RDP's S	SN or ITIN	
Address (number and street) PO box or PMB no.						Apt no./ste. no.	Payment	
City (If you have a foreign address, see instruction	ons)			State	ZIP code		Form 4	
Do not combine this payment with payment of your ta to the "Franchise Tax Board." Write your social security this form and your check or money order to: FRANCHISE If no payment is due, do not mail this form. See Section A of the instructions for an alternative to	numbe TAX E	er or individual taxpayer identification number and "20 BOARD, PO BOX 942867, SACRAMENTO CA 94267	17 Form			unt of payment		
For Privacy Notice, get FTB 1131 EN	G/SP.	1201173	Г		. <u> </u>	Form 540-	ES 2016	