

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/pay for more information. 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

CAUTION: You may be required to pay electronically. See instructions.

CALIFORNIA FORM

2018 Estimated Tax for Individuals File and Pay by April 17, 2018 540-ES

| | | | | |
|--|---------|-----------|----------------------------|-------------------------------|
| Fiscal year filers, enter year ending month: Year 2019 | | | | |
| 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 (number and street) PO box or PMB no. | | | Apt no./ste. no. | Payment Form 1 |
| City (If you have a foreign address, see instructions) | | State | ZIP code | |

Do not combine this payment with payment of your tax due for 2017. Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write your social security number or individual taxpayer identification number and "2018 Form 540-ES" on it. Mail this form and your check or money order to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0008.** If no payment is due, do not mail this form.

Amount of payment

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

TAXABLE YEAR

CAUTION: You may be required to pay electronically. See instructions.

CALIFORNIA FORM

2018 Estimated Tax for Individuals File and Pay by June 15, 2018 540-ES

Fiscal year filers, enter year ending month: Year 2019

| | | | | |
|--|---------|-----------|----------------------------|-----------------------|
| 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 (number and street) PO box or PMB no. | | | Apt no./ste. no. | Payment Form 2 |
| City (If you have a foreign address, see instructions) | | | State | |

Do not combine this payment with payment of your tax due for 2017. Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write your social security number or individual taxpayer identification number and "2018 Form 540-ES" on it. Mail this form and your check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0008.

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

Amount of payment

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For Privacy Notice, get FTB 1131 ENG/SP.

1201183

Form 540-ES 2017

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TAXABLE YEAR

CAUTION: You may be required to pay electronically. See instructions.

CALIFORNIA FORM

2018 Estimated Tax for Individuals File and Pay by Sept. 17, 2018 540-ES

Fiscal year filers, enter year ending month: Year 2019

| | | | | |
|--|---------|-----------|----------------------------|-----------------------|
| 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 (number and street) PO box or PMB no. | | | Apt no./ste. no. | Payment Form 3 |
| City (If you have a foreign address, see instructions) | | | State | |

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

Amount of payment

00

For Privacy Notice, get FTB 1131 ENG/SP.

1201183

Form 540-ES 2017

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TAXABLE YEAR

CAUTION: You may be required to pay electronically. See instructions.

CALIFORNIA FORM

2018 Estimated Tax for Individuals File and Pay by Jan. 15, 2019 540-ES

Fiscal year filers, enter year ending month: Year 2019

| | | | | |
|--|---------|-----------|----------------------------|-----------------------|
| 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 (number and street) PO box or PMB no. | | | Apt no./ste. no. | Payment Form 4 |
| City (If you have a foreign address, see instructions) | | | State | |

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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 FTB 1131 ENG/SP.

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Form 540-ES 2017