## 540-ES Form 1 at bottom of page

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

	_ IF	NO PAYMENT IS DUE, DO NO	DT MAIL	THIS FO	ORM	DE <sup>-</sup>	
TAXABLE YEAR CAUTION: You may be requi	red to	pay electronically. See instructions.				CA	LIFORNIA FORM
2018 Estimated Ta	ax i	ior Individuals	-ile an	nd Pay	v by April 1	7, 2018	540-ES
Fiscal year filers, enter year ending me	onth:	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.		Payment			
City (If you have a foreign address, see instructions)					ZIP code		Form
							1
Do not combine this payment with payment of your to 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 number an	nd "2018 For	m 540-ES" o		unt of payment	
If no payment is due, do not mail this form.		- , ,					00
See Section A of the instructions for an alternative to	using	this form.					
			r		•	<u>Голио Г 40</u>	
For Privacy Notice, get FTB 1131 ENG	G/SP.	1201183				Form 540-	ES 2017

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

Fiscal year filers, enter year ending m	onth	: Year 2019							
Your first name	Initial Last name						Your SSN or ITIN		
If joint payment, spouse's/RDP's first name	Initial	I Last name		1 1		Spouse's/RDP's SS	SN or ITIN		
Address (number and street) PO box or PMB no			1 1 1 1	1 1	1 1 1 1	Apt no./ste. no.	Payment		
City (If you have a foreign address, see instruction	ons)			State	ZIP code	_	– Form 2		
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 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 nu TAX BOARD, PO BOX 942867, SACRA	mber and "2018 For	m 540-ES" o		unt of payment	, <u>,</u> 00		
For Privacy Notice, get FTB 1131 EN	G/SP.	1201	183		•	Form 540-E	S 2017		
	iired t	F NO PAYMENT IS DUE, E to pay electronically. See instruction for Individuals	ons.			CAL	ACH HERE — IFORNIA FORM_ 540-ES		
			File and	гауі	by Sept. I	7,2010	14V'EJ		
Fiscal year filers, enter year ending m Your first name	-	I Last name				Your SSN or ITIN			
If joint payment, spouse's/RDP's first name	Initial	Last name				Spouse's/RDP's SS	SN or ITIN		
Address (number and street) PO box or PMB no			1 1 1 1			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 t 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 For Privacy Notice, get FTB 1131 EN	numbe HISE T	er or individual taxpayer identification nu TAX BOARD, PO BOX 942867, SACRA	mber and "2018 Ford MENTO CA 94267-0	m 540-ES" o		Form 540-E	<u>, 00</u>		
	iired t	F NO PAYMENT IS DUE, E to pay electronically. See instructic <b>for Individuals</b>	ons.		<sup>овм</sup> by Jan. 18	CAL	ACH HERE —>		
Fiscal year filers, enter year ending m				лау	by Jan. I.	J, 2019 <b>J</b>			
Your first name	Initial					Your SSN or ITIN	_		
If joint payment, spouse's/RDP's first name	Initial	Last name				Spouse's/RDP's SS	SN or ITIN		
Address (number and street) PO box or PMB no			1 1 1 1	1 1	1 1 1 1	Apt no./ste. no.	Payment		
City (If you have a foreign address, see instruction	ons)		1 1 1 1	State	ZIP code	_	Form		
Do not combine this payment with payment of your to 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 nu BOARD, PO BOX 942867, SACRAMEN	mber and "2018 Forr			unt of payment	" <u>"</u> 00		
For Privacy Notice, get FTB 1131 EN	G/SP.	1201	183			Form 540-E	S 2017		