## 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		DETACH HERE						
TAXABLE YEAR CAUTION: You may be requi	red to	pay electronically. See instructions	i.					CALIFORNIA FORM		
2019 Estimated Ta	X '	for Individuals	File	and	Pay	/ by Apri	15, 2019	540-ES		
Fiscal year filers, enter year ending me	onth:	Year 2020								
Your first name	Initial Last name						Your SSN or IT	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		
City (If you have a foreign address, see instructions)  State ZIP code								Form 1		
Do not combine this payment with payment of your 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	or or individual taxpayer identification numb AX BOARD, PO BOX 942867, SACRAME	per and "2019	9 Form	40-ES" c		nount of payme	nt 00		

2019 Estimated Tax for Individuals File and Pay by June 17, 2019 540-ES

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