

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

2019 Estimated Tax for Individuals File and Pay by April 15, 2019 540-ES

Fiscal year filers, enter year ending month: Year 2020
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.
City (If you have a foreign address, see instructions) State ZIP code
Payment Form 1

Do not combine this payment with payment of your tax due for 2018. 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 "2019 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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TAXABLE YEAR

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

CALIFORNIA FORM

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

Fiscal year filers, enter year ending month: Year 2020

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.
City (If you have a foreign address, see instructions)			State ZIP code

Payment Form 2

Do not combine this payment with payment of your tax due for 2018. 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 "2019 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.

Amount of payment

If no payment is due, do not mail this form.

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

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For Privacy Notice, get FTB 1131 ENG/SP.

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Form 540-ES 2018

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TAXABLE YEAR

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

CALIFORNIA FORM

2019 Estimated Tax for Individuals File and Pay by Sept. 16, 2019 540-ES

Fiscal year filers, enter year ending month: Year 2020

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.
City (If you have a foreign address, see instructions)			State ZIP code

Payment Form 3

Do not combine this payment with payment of your tax due for 2018. 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 "2019 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.

Amount of payment

If no payment is due, do not mail this form.

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

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For Privacy Notice, get FTB 1131 ENG/SP.

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Form 540-ES 2018

___ 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

2019 Estimated Tax for Individuals File and Pay by Jan. 15, 2020 540-ES

Fiscal year filers, enter year ending month: Year 2020

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.
City (If you have a foreign address, see instructions)			State ZIP code

Payment Form 4

Do not combine this payment with payment of your tax due for 2018. 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 "2019 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.

Amount of payment

If no payment is due, do not mail this form.

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

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Form 540-ES 2018