2023 Corporation Estimated Tax

100-ES

	•							
For calendar year 2023 or	fiscal year beginn	ning (mm/dd/yyyy)_		, a	nd ending (mm/dd/	/yyyy)_	<u> </u>	
This entity will file Form (ch			00S	□ 109	Installment 1		by the 15th day of 4th month of taxable yea ate falls on weekend/holiday, see instructi	
Return this form with a che FRANCHISE TAX BOARD,	PO ROX 942857	r payable to: ' SACRAMENTO C	Δ 942	957-0531		1	If no payment is due, do not mail this	
California corporation number		, OAOHAMEITTO O		rnia Secretary of S	State file number		Telephone	
				•			·	
Corporation name							Estimated Tay Amount	
							Estimated Tax Amount	00
Attention: Owner's or represer	ntative's name							_=
•							QSub Tax Amount	
Address (suite, room, or PMB	no.)						QSub lax Amount	00
								_=
City		S	tate	ZIP code			Total In staller and Assessed	
							Total Installment Amount	٥c
								00
				6101233			Form 100-ES 2022	
				0101233	ı		101111 100 L3 2022	
DETACHLIEDE		IE NO DAYAM		S DUE DO NOTA	All THIS FORM		DETACHLIEDE	
DETACH HERE		IF NO PAYMET The corporation m					DETACH HERE _ tructions	
TAXABLE YEAR	OAO HON.	The corporation in	idy D	o roquirou to po	iy cicolioinodhy. C	00 1110	CALIFORNIA FO	DRM
0000				ī				
2023 Cor	poration	Estimate	dT	ax			100-ES	5
For calendar year 2023 or	fiscal year beginn	ning (mm/dd/yyyy)		a	nd ending (mm/dd/	/vvvv)		
his entity will file Form (ch			005		T	Duck	by the 15th day of 6th month of taxable year	ar if
Return this form with a che			000	□ 100	Installment 2	due d	ate falls on weekend/holiday, see instructi	ons.
FRANCHISE TAX BOARD							If no payment is due, do not mail this	s forn
California corporation number	FEIN		Califo	rnia Secretary of S	State file number		Telephone	
Corporation name		l.					Estimated Tax Amount	
							LStillated Tax Amount	00
Attention: Owner's or represer	ntative's name							_=
							00-ch T A	
Address (suite, room, or PMB	no.)						QSub Tax Amount	0.0
•	•							00
City		S	tate	ZIP code				
							Total Installment Amount	0.0
							-	00
				6101233		_		
				6101233	l		Form 100-ES 2022	
DETACH HERE					AIL THIS FORM		DETACH HERE _	
	CAUTION:	The corporation m	nay b	e required to pa	y electronically. S	ee ins	ructions.	
TAXABLE YEAR							CALIFORNIA FO	DRM
				•				
2023 Cor	poration	Estimate	d T	ax			100-ES	5
For calendar year 2023 or	•				nd ending (mm/dd/	//////		
This entity will file Form (ch			006		1	Duck	by the 15th day of 9th month of taxable year	ar: if
Return this form with a che			003	□ 109	Installment 3		ate falls on weekend/holiday, see instructi	
RANCHISE TAX BOARD			A 942	257-0531			If no payment is due, do not mail this	s forn
California corporation number	FEIN		Califo	rnia Secretary of S	State file number		Telephone	
Corporation name		l					Fating at al Tay Amazona	
·							Estimated Tax Amount	00
Attention: Owner's or represer	ntative's name					-		00
,ormon. Owners or represer	MANYO S HAITIE							
Address (suita room or DMD	no)					-	QSub Tax Amount	_
Address (suite, room, or PMB	110.)							00
0'1		T =		710		\longrightarrow		
City		S	tate	ZIP code			Total Installment Amount	
								_ 00
				6101233	1		Form 100-ES 2022	

Form at bottom of page

Pay Online: Use Web Pay for Business and enjoy the ease of our free online payment service. Go to ftb.ca.gov/pay for more information.

Corporations can schedule payments up to one year in advance.

Do not mail this form if the corporation uses Web Pay.

DETACH HERE			,	IL THIS FORM		DETACH HERE
	CAUTION: The corpo	ration may be	required to pay	electronically. S	ee instructions.	
TAXABLE YEAR						CALIFORNIA FORM
2023 Cor	poration Estim	nated Ta	X			100-ES
For calendar year 2023 or	fiscal year beginning (mm/do	d/yyyy)	, an	d ending (mm/dd/	['] yyyy)	
,	eck only one box): 100, 100	•	□ 109	Installment 4		2th month of taxable year; d/holiday, see instructions.
	ck or money order payable to PO BOX 942857, SACRAME		7-0531		If no payment is	due, do not mail this for
California corporation number	FEIN	Californ	nia Secretary of St	ate file number	Telephone	
Corporation name					Estimated Tax A	Amount _ (
Attention: Owner's or represen	tative's name					•
Address (suite, room, or PMB	no.)				QSub Tax Amou	unt
City	State	ZIP code		Total Installmen	nt Amount	
		6	101233		Forr	n 100-ES 2022