## 540-ES Form 1 at bottom of page

DETACH	HERE	IF NO PAYMENT IS DU	JE, DO NOT MAI	LTHIS FORM		_ DETACH HERE
TAXABLE YEAR	CAUTION: You may be required	d to pay electronically. See ins	tructions.			CALIFORNIA FORM
2024	<b>Estimated Tax</b>	x for Individua	<b>ils</b> File a	and Pay by	April 15, 2024	540-ES
iscal year file	rs, enter year ending mon	th: Year 202	5			

payments up to one year in advance.

Do not mail this form if you use Web Pay.

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

Your first name Your SSN or ITIN Initial Last name Initial Last name Spouse's/RDP's SSN or ITIN If joint payment, spouse's/RDP's first name Address (number and street, PO box or PMB no.) Apt no./ste. no. **Payment Form** City (If you have a foreign address, see instructions) ZIP code 1 Do not combine this payment with payment of your tax due for 2023. 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 "2024 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. 00 See Section A of the instructions for an alternative to using this form.

**ONLINE SERVICES:** 

**Estimated Tax for Individuals** File and Pay by June 17, 2024 2024 540-ES

Fiscal year filers, enter year ending n	_	1				_		
ur first name Initial Last name						Your SSN or ITIN		
If joint payment, spouse's/RDP's first name	nt 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 instruct		State	ZIP code	Form 2				
Do not combine this payment with payment of your to the "Franchise Tax Board." Write your social securit Mail this form and your check or money order to: FRAN if no payment is due, do not mail this form.  See Section A of the instructions for an alternative to	y numbe CHISE T	er or individual taxpayer identification number a "AX BOARD, PO BOX 942867, SACRAMENTO"	ind "2024 Forn	n 540-ES" c		unt of payment		
For Privacy Notice, get FTB 1131 EN	I-SP.	3 <b>[</b>		Form 540-ES 2023				
DETACH HERE	IF	F NO PAYMENT IS DUE, DO N	IOT MAIL	THIS F	ORM	DE1	ACH HERE	
TAXABLE YEAR CAUTION: You may be req	uired t	o pay electronically. See instructions.				041	IEODAIIA EODAA	
TAXABLE YEAR	· _						IFORNIA FORM	
			ile and	Pay	by Sept. 1	6, 2024	40-ES	
Fiscal year filers, enter year ending n Your first name		onth: Year 2025				Your SSN or ITIN		
joint payment, spouse's/RDP's first name Initial Last name					Spouse's/RDP's SSN or ITII			
Address (number and street, PO box or PMB ne	0.)					Apt no./ste. no.	Paymen	
City (If you have a foreign address, see instruct	ions)			State	ZIP code		Form 3	
Do not combine this payment with payment of your to the "Franchise Tax Board." Write your social securit Mail this form and your check or money order to: FRAN If no payment is due, do not mail this form.  See Section A of the instructions for an alternative to	y numbe CHISE T	er or individual taxpayer identification number a "AX BOARD, PO BOX 942867, SACRAMENTO"	ind "2024 Forn	n 540-ES" c		unt of payment	_ 0	
For Privacy Notice, get FTB 1131 EN	I-SP.	120124	3 <b>[</b>			Form 540-E	ES 2023	
DETACH HERE	IF	F NO PAYMENT IS DUE, DO N	OT MAIL	THIS F	ORM	DET	ACH HERE	
CAUTION: You may be rec	uired t	o pay electronically. See instructions.				241		
2024 Estimated T	ax	for Individuals	File and	d Pay	by Jan. 15		640-ES	
Fiscal year filers, enter year ending n		Year 2025						
Your first name Initial Last name						Your SSN or ITIN		
If joint payment, spouse's/RDP's first name	ne 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			
City (If you have a foreign address, see instruct		State	ZIP code		1 01111			
					<u> </u>	_	4	
Do not combine this payment with payment of your to the "Franchise Tax Board." Write your social securit Mail this form and your check or money order to: FRAN	y numbe	er or individual taxpayer identification number a	ind "2024 Forn	n 540-ES" c		unt of payment	4	
Oo not combine this payment with payment of your to the "Franchise Tax Board." Write your social securit	y numbe CHISE T	er or individual taxpayer identification number a FAX BOARD, PO BOX 942867, SACRAMENTO	ind "2024 Forn	n 540-ES" c		unt of payment	<b>4</b>	