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 F	ORM		DETACH HERE —
TAXABLE YEAR CAUTION: You may be requi	red to	p pay electronically. See instructions.					CALIFORNIA FORM
2018 Estimated Ta	X	for Individuals	File an	nd Pay	by April	17, 2018	540-ES
Fiscal year filers, enter year ending mo	onth:	: Year 2019					
Your first name	Initial	Last name				Your SSN or IT	IN
			1 1 1	1 1			
If joint payment, spouse's/RDP's first name	Initial	Last name				Spouse's/RDP'	s SSN or ITIN
				1 1			
Address (number and street) PO box or PMB no.						Apt no./ste. no.	Payment
City (If you have a foreign address, see instructio	ns)			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	numbe	er or individual taxpayer identification numbe	r and "2018 For	m 540-ES" c		ount of payme	nt
If no payment is due, do not mail this form.							00
See Section A of the instructions for an alternative to	using	j this form.					

TAXABLE YEAR

2018	Estimated Tax for Individuals	File and Pay by June 15, 2018	540-ES
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2010		ian ivi	HIMITI	uuais	i iic a	iia i ay i	Jy Julie i	0, 2010	TU-LU
Fiscal year f	filers, enter year ending			r 2019				IV CON ITIN	
tour iirst name		Initial Las	t name					Your SSN or ITIN	
If joint payment	joint payment, spouse's/RDP's first name Initial Last name						Spouse's/RDP's SSN or ITIN		
Address (numb	er and street) PO box or PMB	no.						Apt no./ste. no.	Payment
City (If you have	e a foreign address, see instru	ctions)				State	ZIP code	_	Form 2
o the "Franchise Mail this form and f no payment is o	this payment with payment of you Tax Board." Write your social secu your check or money order to: FRA due, do not mail this form. the instructions for an alternative	urity number or ind ANCHISE TAX BO	dividual taxpayer DARD, PO BOX 9	identification nu	mber and "2018	Form 540-ES" o	ayable Amo	unt of payment	00
For P	rivacy Notice, get FTB 1131 E	ENG/SP.		1201	183			Form 540-E	S 2017
DETAC		equired to pay	electronically.	See instruction	ons.			_ CAL	IFORNIA FORM
	Estimated filers, enter year ending			r 2019	riie a	nu Pay i	by Sept. 1	7, 2018	40-ES
Your first name		Initial Las	t name					Your SSN or ITIN	
f joint payment	t, spouse's/RDP's first name	Initial Las	t name					Spouse's/RDP's SSN or ITIN	
Address (numb	er and street) PO box or PMB	no.						Apt no./ste. no.	Payment
City (If you have	e a foreign address, see instru	ctions)				State	ZIP code		Form 3
o the "Franchise Mail this form and f no payment is of See Section A of	this payment with payment of you Tax Board." Write your social secu- your check or money order to: FRA due, do not mail this form. the instructions for an alternative rrivacy Notice, get FTB 1131 E	urity number or inc NCHISE TAX BO e to using this fo	dividual taxpayer DARD, PO BOX 9	identification nu	mber and "2018 MENTO CA 942	Form 540-ES" of		Form 540-E	S 2017
DETAC	CH HERE	IF NO	PAYMENT	IS DUE, D	OO NOT M	AIL THIS F	ORM	DET/	ACH HERE —
TAXABLE YEA	R CAUTION: You may be re	equired to pay	electronically.	See instruction	ons.			CAL	FORNIA FORM
2018	Estimated '				File a	ınd Pay	by Jan. 18	5, 2019 5	40-ES
Fiscal year f Your first name	filers, enter year ending		Yea t name	r 2019				Your SSN or ITIN	
f joint payment	s, spouse's/RDP's first name	Initial Las	t name					Spouse's/RDP's SSN or ITIN	
Address (numb	er and street) PO box or PMB	no.	1 1 1		1 1 1	1 1 1		Apt no./ste. no.	Payment
City (If you have	e a foreign address, see instru	ctions)	1 1 1	1 1 1	1 1 1	State	ZIP code	_	Form 4
the "Franchise his form and your no payment is o	this payment with payment of you Tax Board." Write your social secu check or money order to: FRANCH due, do not mail this form. the instructions for an alternative	rity number or inc	dividual taxpayer 0, PO BOX 94286	identification nu	mber and "2018	Form 540-ES" o		unt of payment	0
.	Privacy Notice get FTR 1131			1201	100			Form 540-F	S 2017