TAXABLE YEAR

Underpayment of Estimated Taxby Individuals and Fiduciaries

CALIFORNIA FORM

| | 2020 by Individuals and Fiduciaries | |
|----------|---|--|
| | ach this form to the back of your Form 540, Form 540NR, or Form 541. Also, check the box for un ated on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies. | derpayment of estimated tax |
| Var | ne(s) as shown on return | SSN, ITIN, or FEIN |
| | | |
| | IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have General Information B. | nave to complete this form. |
| | If you meet any of the following conditions, you do not owe a penalty for underpayment of estimated tax. It this form if: | Do not complete or file |
| | The amount of your tax liability (not including tax on lump-sum distributions and accumulation distributions) (including the withholding credit) but not including estimated tax payments for either 2019 or 2020 was \$250 if married/RDP filing a separate return). | s less than \$500 (or less than |
| | Your 2019 return was for a full 12 months (or would have been if you were required to file) and you did on that return. | d not have any tax liability |
| | The amount of your withholding plus your estimated tax payments, if paid in the required installment on your 2020 return or 100% of the tax shown on your 2019 return (110% if California adjusted gross \$150,000 or \$75,000 if married/RDP filing a separate return) and you are not using the annualized inco with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return 2020 tax return if they do not meet one of the two conditions above. | income (AGI) was more than ome installment method. Taxpayers |
| | rt I Questions. All filers must complete this part. Estates and Trusts, see General information E. | |
| Pa | | |
| <u>1</u> | Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C | |
| | on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, | 1 • Yes |
| 1 | on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C | |
| 2 | on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C | |
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| 2 | On Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C | |

| Pai | Required Annual Payment. All filers must complete this part. |
|--------|--|
| 1 | Current year tax. Enter your 2020 tax after credits. See instructions |
| 2 | Multiply line 1 by 90% (.90) |
| 3 | Withholding taxes. Do not include any estimated tax payments on this line. See instructions |
| 4 | Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805 |
| 5 | Enter the tax shown on your 2019 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2020, more than \$75,000) |
| 6 | Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2) |
| | tion: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I and you cannot use the short method, go to Worksheet II in the instructions (page 4). Enter the amount, if any, from Part II, line 3 above |
| 7 8 | Enter the amount, if any, from Part II, line 3 above |
| 9 | Add line 7 and line 8 |
| 10 | Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805 |
| 11 | Multiply line 10 by .02442148 |
| 12 | If the amount on line 10 was paid on or after 4/15/21, enter -0 If the amount on line 10 was paid before 4/15/21, enter the result of the following computation: Amount on Number of days paid line 10 X before 4/15/21 X .00008 |
| 13 | PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ▶ |

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2020 (see Example A). If you earned your income at approximately the same rate each month (see Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

Example A: If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

Example B: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

| To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/29/20, 4/30/20, 7/31/20, and 11/30/20. Fiscal year filers must adjust dates accordingly. | (a) 1/1/20 to 3/31/20 | (b) 1/1/20 to 5/31/20 | (c) 1/1/20 to 8/31/20 | (d) 1/1/20 to 12/31/20 |
|---|--------------------------|--------------------------|--------------------------|---------------------------|
| 1 Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions 1 | | | | |
| 2 Annualization amounts. Estates or Trusts, see instructions | 4 | 2.4 | 1.5 | 1 |
| Annualized income. Multiply line 1 by line 2 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, | | | | |
| and enter the amount from line 3 on line 9 | | | | |
| 5 Annualization amounts | 4 | 2.4 | 1.5 | 1 |
| See instructions | | | | |
| 8 Enter line 6 or line 7, whichever is larger | | | | |
| 9 Subtract line 8 from line 3 | | | | |
| from form FTB 3803. Estates or Trusts, see instructions 10 11 Enter the total amount of exemption credits from your | | | | |
| 2020 Form 540, line 32 or Form 541, line 22. If you filed a Form 540NR, see instructions | | | | |
| Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions 12 Enter the total credit amount from your 2020 Form 540, | | | | |
| line 47; or Form 541, line 23. Form 540NR filers, see instructions | | | | |

7673203 FTB 5805 2020 **Side 3**

| Pa | t III Annualized Income Installment Method Schedu | ile. continued | | | | |
|-----|--|---------------------------|----------------------------|--------------------|---------------------------|---------------------------|
| | | (a) 1/1/20 to 3/31/20 | (b) 1/1/20 to 5/31/20 | (c) 1/1/20 to 8 | 3/31/20 | (d) 1/1/20 to 12/31/20 |
| 14 | | | <u>'</u> | | | |
| | If zero or less, enter -0 | a | | | | |
| | b Enter the alternative minimum tax and | | | | | |
| | mental health tax. See instructions14 | 0 | | | | |
| | c Add line 14a and line 14b | c | | | | |
| | d Enter the excess SDI from Form 540, line 74 | |][] | | | |
| | or Form 540NR, line 84 | d | | | | |
| | e Subtract line 14d from line 14c. | | | | | |
| | If zero or less, enter -0 | e | | | | |
| 15 | Applicable percentage | 5 27% | 63% | | 63% | 90% |
| 16 | Multiply line 14e by line 15 | 6 | | | | |
| Com | plete Line 17 through Line 23 of each column before you | go to the next column. | | | | |
| 17 | Enter the combined amounts shown on line 23 | | | | | |
| | from all preceding columns | 7 | | | | |
| | Subtract line 17 from line 16. If zero or less, | | | | | |
| | enter -0 | 8 | | | | |
| | Enter 30% of the amount shown on form FTB 5805, | | | | | |
| | Part II, line 6 in columns (a & d), enter 40% of the | _ | | | | |
| | amount on line 6 in column b, enter -0- in column c 19 | 9 | | | | |
| | Enter the amount from line 22 from | | | | | |
| | the preceding column | J | | | | |
| 21 | Add line 19 and line 20 2 | 1 | | | | |
| 22 | Subtract line 18 from line 21. If zero or less, | | , | | | |
| | enter -0 | 2 | | | | |
| 23 | Enter line 18 or line 21, whichever is less, for each column. Trar | nsfer these amounts to Wo | orksheet II, Regular Metho | od to Figure Yo | ur Underpa | yment and Penalty, line |
| | | b) o 5/31/20 | (c) 1/1/20 to 8/31/20 | | (d) 1/1/20 to 12/31/20 | |
| | | | | | | |

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.

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Side 4 FTB 5805 2020