## 540-ES Form 1 at bottom of page

ONLINE SERVICES:Use Web Pay and enjoy the ease of our free online payment service.<br/>Go to ftb.ca.gov/pay for more information. You can schedule your<br/>payments up to one year in advance.<br/>Do not mail this form if you use Web Pay.

DETACH HERE	DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM							DETACH HERE		
TAXABLE YEAR CAUTION: You may be read	quired to	pay electronica	Ily. See instructions.				_	CALIFORNIA FORM		
2023 Estimated 1	<b>ax</b> f	i <mark>or Ind</mark> i	viduals	File ar	nd Pay	y by April	18, 2023	540-ES		
Fiscal year filers, enter year ending r	nonth:	γ	/ear 2024							
Your first name	Initial	Last name					Your SSN or I	ΓIN		
If joint payment, spouse's/RDP's first name	Initial	Last name	e Spouse's/RDP's S							
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		Form 1		
Do not combine this payment with payment of you to the "Franchise Tax Board." Write your social secur Mail this form and your check or money order to: FRAI If no payment is due, do not mail this form. See Section A of the instructions for an alternative	ity number NCHISE TA	or individual taxp AX BOARD, PO B	ayer identification number	er and "2023 Forr	n 540-ES"	on it. Amo	ount of payme	ent (		
For Privacy Notice, get FTB 1131 E	N-SP		12012	33			Form 54	40-ES 2022		

## **Estimated Tax for Individuals** File and Pay by June 15, 2023 540-ES 2023

Fiscal year filers, enter year ending m	onth:	Year 2024		-	-			
Your first name	Initial	1						
If joint payment, spouse's/RDP's first name	Initial	Last name	ame					
Address (number and street, PO box or PMB no	.)					Apt no./ste. no.	Payment	
City (If you have a foreign address, see instruction	S	tate	ZIP code	I	– Form 2			
Do not combine this payment with payment of your t to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANC If no payment is due, do not mail this form. See Section A of the instructions for an alternative to	numbe HISE T	rr or individual taxpayer identification number and "20 AX BOARD, PO BOX 942867, SACRAMENTO CA 9	)23 Form 54	40-ES" o		unt of payment		
For Privacy Notice, get FTB 1131 EN-	SP.	1201233	Г			Form 540-E	S 2022	
DETACH HERE	IF	NO PAYMENT IS DUE, DO NOT	MAIL TH	HIS F	ORM	DE1	ACH HERE	
TAXABLE YEAR CAUTION: You may be requ	uired to	o pay electronically. See instructions.				CAL	IFORNIA FORM	
2023 Estimated Ta	ax	for Individuals File	and F	Pay I	by Sept. 1	5, 2023	540-ES	
Fiscal year filers, enter year ending m Your first name	-	Year 2024				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	ess (number and street, PO box or PMB no.)						Payment	
City (If you have a foreign address, see instruction	ons)		S	tate	ZIP code		Form 3	
Do not combine this payment with payment of your t to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANC If no payment is due, do not mail this form. See Section A of the instructions for an alternative to	numbe HISE T	r or individual taxpayer identification number and "20 AX BOARD, PO BOX 942867, SACRAMENTO CA 9	)23 Form 54	10-ES" o		unt of payment	00	
For Privacy Notice, get FTB 1131 EN-	SP.	1201233				Form 540-E	S 2022	
DETACH HERE	IF	NO PAYMENT IS DUE, DO NOT I	MAIL TH	HIS F	ORM	DET	ACH HERE	
TAXABLE YEAR CAUTION: You may be requ	uired to	o pay electronically. See instructions.				_ CAL	IFORNIA FORM	
			and I	⊃ay	by Jan. 16	, 2024 <b>.</b>	540-ES	
Fiscal year filers, enter year ending m Your first name	onth:					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.	Payment	
City (If you have a foreign address, see instruction	ons)		S	tate	ZIP code		– Form 4	
Do not combine this payment with payment of your t to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANC	numbe	r or individual taxpayer identification number and "20	)23 Form 54	10-ES" o		unt of payment	1	
If no payment is due, do not mail this form. See Section A of the instructions for an alternative to	using	this form.					00	
For Privacy Notice, get FTB 1131 EN	-SP.	1201233	Г		-	Form 540-l	ES 2022	