540-ES Form 1 at bottom of page

PAY ONLINE:

Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** and search for **payment options**. You can schedule your payments up to one year in advance. **Do not mail this form if you use Web Pay.**

Ж-	_ DETACH HERE	_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HI	

TAXABLE YEAR

CALIFORNIA FORM

2011 Estimated Tax for Individuals File and Pay by April 15, 2011 540-ES

Fiscal year filers, enter year ending mo	onth:	Year 2012						
Your first name	Initial	Last name		Your SSN or ITIN				
f joint payment, spouse's/RDP's first name Initial Last name					Spouse's/RDP's SSN or ITIN			
II joint payment, spouse s/hor s list hame	iiiiidi				Spouse s/HDF's SSN	OF IT IN		
Address (number and street, PO Box, or PMB no.) Apt no./St						Payment		
City (If you have a foreign address, see instruction	ns)	State	ZIP Code	Form				
to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANC	numbe	for 2010. Using black or blue ink, make your check or mo er or individual taxpayer identification number and "2011 Forr AX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0	m 540-ES" o		nt 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.						
For Privacy Notice, get form FTB 1131.		1201113			Form 540-ES 2010			

CALIFORNIA FORM

Estimated Tax for Individuals File and Pay by June 15, 2011 2011

2011 Es	stimated '	Fax f	or Ind	ividuals	File and	Pay b	y June 15	, 2011	54	IO-ES
Fiscal year filers, en Your first name	ter year ending	month:	Last name	Year 2012				Your SSN or		
		initia	Last hamo							
If joint payment, spouse's/	(RDP's first name	Initial	Last name					Spouse's/RD	P's SSN	or ITIN
Address (number and stre	eet, PO Box, or PMB	no.)	1 1					Apt no./Ste. n	.0.	Payment
City (If you have a foreign	address, see instru	ctions)				State	ZIP Code	_		Form 2
Do not combine this payment to the "Franchise Tax Board." Mail this form and your check of	'Write your social secu	rity numbe	r or individual ta	xpayer identification n	umber and "2011 Forr	n 540-ES" o	ayable n it. Amou	nt of payment	1	
If no payment is due, do not See Section A of the instruct	mail this form.			DOX 942007, SACHP	MENTO CA 34207-0					00
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For Privacy Notice, ge	et form FTB 113 ⁻	Ι.		1201	L113				Form	540-ES 2010
		IF	NO PAYN	IENT IS DUE,	DO NOT MAIL	THIS F	ORM		. DETAC	
TAXABLE YEAR								-	CALIFO	ORNIA FORM
2011 Es	stimated '	Fax f	or Ind	ividuals	File and	Pay b	y Sept. 15	5, 2011	54	IO-ES
Fiscal year filers, en	ter year ending			Year 2012				I		
Your first name		Initial	Last name					Your SSN or	ITIN	
If joint payment, spouse's/	/RDP's first name	Initial	Last name					Spouse's/RD	P's SSN	or ITIN
Address (number and stre	eet, PO Box, or PMB	no.)			1 1 1 1	1 1		Apt no./Ste. r	10.	Payment
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Mail this form and your check of If no payment is due, do not See Section A of the instruct	mail this form.			BOX 942867, SACRA	MENTO CA 94267-0	031.				00
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CETACH HERE .			NO FATIV	IENT IS DUE, I	JO NOT MAIL				DETAC	
TAXABLE YEAR										
		_						-		
2011 Es	stimated '	fax f	or Ind	ividuals	File and	Pay b	y Jan. 17	, 2012	54	O-ES
Fiscal year filers, en Your first name	ter year ending	month: Initial	Last name	Year 2012				Your SSN or		
iour inst name		innuar	Last name					YOUR SSIN OF		
If joint payment, spouse's/	/RDP's first name	Initial	Last name					Spouse's/RD	P's SSN	or ITIN
Address (number and stre	eet, PO Box, or PMB	no.)				1 1		Apt no./Ste. n	0.	Payment
City (If you have a foreign	address see instrum	ctions)				State	ZIP Code		1	Form
ony (ii you have a lorely!!		50015)				State				4
Do not combine this paymen to the "Franchise Tax Board." this form and your check or mo	'Write your social secu	rity numbe	r or individual ta	xpayer identification n	umber and "2011 Forn			nt of payment		

If no payment is due, do not mail this form. See Section A of the instructions for an alternative to using this form.

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