## 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** 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	HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM							
TAXABLE YEAR CAUTION: You may be required.	ed to pay electronically. See instructions.			_ CA	LIFORNIA FORM			
2013 Estimated Ta	x for Individuals Fil	e and Pa	y by April	15, 2013	540-ES			
Fiscal year filers, enter year ending mo	nth: Year 2014							
Your first name	Initial Last name			Your SSN or ITIN	_			
If joint payment, spouse's/RDP's first 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	State	ZIP Code		Form 1				
Do not combine this payment with payment of your ta to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANCI	number or individual taxpayer identification number and "2	013 Form 540-ES		ount 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.				00			

2013 Estimated Tax for Individuals File and Pay by June 17, 2013 540-ES

2013 EStilliate	u laz	K IUI	ringiv	iuuai5	riie a	nu Pay i	by June	17, 2013	)4V·E3	
Fiscal year filers, enter year end				ar 2014						
ur first name Initial Last name					Your SSN or ITIN					
If joint payment, spouse's/RDP's first nam	ne Ir	nitial Las	t name					Spouse's/RDP's SSN or ITIN		
Address (number and street, PO Box, or F	PMB no.)							Apt no./Ste. no.	Payment	
City (If you have a foreign address, see in	structions	s)				State	ZIP Code	-	Form 2	
Do not combine this payment with payment o to the "Franchise Tax Board." Write your social Mail this form and your check or money order to:	security nu	mber or in	dividual taxpaye	er identification no	umber and "2013	3 Form 540-ES" o		ount of payment		
f no payment is due, do not mail this form. See Section A of the instructions for an altern	native to us	sing this f	orm.				_		00	
For Privacy Notice, get form	FTB 113	<u> </u>		1201	133		-	Form 540-E	S 2012	
<b>─</b> DETACH HERE		. IF NO	) PAYMEN	T IS DUE, I	DO NOT M	AIL THIS F	ORM	DET	ACH HERE —>	
TAXABLE YEAR CAUTION: You may I	be require	ed to pay	electronically	y. See instructi	ons.			CAL	IFORNIA FORM	
2013 Estimated	d Tax	x fo	r Indiv	iduals	File a	nd Pay I	by Sept.	16, 2013 <b>5</b>	40-ES	
Fiscal year filers, enter year end Your first name			Ye st name	ar 2014				Your SSN or ITIN		
If joint payment, spouse's/RDP's first nam	ne Ir	nitial Las	st name		1 1 1	1 1 1	1 1 1 1	Spouse's/RDP's SSN or ITIN		
Address (number and street, PO Box, or I	PMB no.)				1 1 1	1 1 1		Apt no./Ste. no.	Payment	
City (If you have a foreign address, see in	structions	s)				State	ZIP Code	_	Form 3	
Do not combine this payment with payment of to the "Franchise Tax Board." Write your social	security nu	mber or in	dividual taxpaye	er identification no	umber and "2013	3 Form 540-ES" o		ount of payment		
Mail this form and your check or money order to: If no payment is due, do not mail this form. See Section A of the instructions for an alterr				942867, SACRA	AMENTO CA 94	267-0008.			00	
For Privacy Notice, get form	ETD 112			1201	122			Form 540-E	S 2012	
Tor Privacy Notice, get form	110113		•	1201	1133	•		1011110101	2012	
DETACH HERE		. IF NC	PAYMEN	T IS DUE, I	DO NOT M	AIL THIS F	ORM	DET	ACH HERE —	
TAXABLE YEAR CAUTION: You may I	be require	ed to pay	electronically	/. See instructi	ons.			_CAL	IFORNIA FORM	
2013 Estimated	d Tax	x fo	r Indiv	iduals	File a	and Pay	by Jan. 1	5, 2014	40-ES	
Fiscal year filers, enter year end Your first name			Ye st name	ar 2014				Your SSN or ITIN		
If joint payment, spouse's/RDP's first nam	ne Ir	nitial Las	t name	1 1 1			1 1 1 1	Spouse's/RDP's S	SN or ITIN	
Address (number and street, PO Box, or F	PMB no.)		- 1 - 1 - 1	1 1 1	1 1 1	1 1 1		Apt no./Ste. no.	Payment	
City (If you have a foreign address, see in	structions	5)				State	ZIP Code	_	Form 4	
Do not combine this payment with payment o to the "Franchise Tax Board." Write your social this form and your check or money order to: FRA	security nu	mber or in	dividual taxpaye	er identification no	umber and "2013	3 Form 540-ES" c		ount of payment		
If no payment is due, do not mail this form.  See Section A of the instructions for an alterr				oor, onorawier	110 On 3420/*(				00	
For Privacy Notice, get form	FTD 442	— <b>=</b>		1201	1122			Form 540-l	S 2012	
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