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	_ IF	NO PAYMENT IS DUE, DO	NOT MAIL	THIS F	FORM		DETACH HERE
TAXABLE YEAR CAUTION: You may be requi	red to	pay electronically. See instructions.				_	CALIFORNIA FORM
2014 Estimated Ta	X '	for Individuals	File ar	nd Pa	y by April	15, 2014	540-ES
Fiscal year filers, enter year ending mo	onth:	Year 2015					
Your first name	Initial					Your SSN or	ITIN
							·
If joint payment, spouse's/RDP's first name	Initial	Last name				Spouse's/RD	P's SSN or ITIN
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to the "Franchise Tax Board." Write your social security	numbe	r or individual taxpayer identification number	er and "2014 For	m 540-ES"	on it. Am	ount of paym	ent
Mail this form and your check or money order to: FRANC	HISET	AX BOARD, PO BOX 942867, SACRAME	NTO CA 94267-	0008.			
If no payment is due, do not mail this form. See Section A of the instructions for an alternative to	ueina	this form					
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2014 Estimated Tax for Individuals File and Pay by June 16, 2014 540-ES

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	lers, enter year ending				ar 2015				T	
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