CALIFORNIA FORM

## 2015 **Corporation Estimated Tax**

2015	Corporation	Estimated	<b>Tax</b>		100-ES
,	ar 2015 or fiscal year begin	0 ( , , , , , , , , , , , , , , , , , ,		nd ending (mm/dd/y	
	Form (check only one box): with a check or money orde		0S 🗌 109	Installment 1	Due by the 15th day of 4th month of taxable year; if due date falls on weekend/holiday, see instructions.
	(BOARD, PO BOX 94285		94257-0531		If no payment is due, do not mail this for
California corporation	on number FEIN	(	California Secretary of S	State (SOS) file numbe	r Contact telephone no.
Corporation name					Estimated Tax Amount
Attention: Owner's	or Representative's name				
Alternion. Owner 3	or representative s name				20 sh Tan America
Address (suite, roo	om, or PMB no.)				QSub Tax Amount
City		St	ate ZIP Code		Total Installment Amount
			6101152		
		1	6101153	I	Form 100-ES 2014
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TAXABLE YEAR		,			CALIFORNIA FORM
2015	Corporation	Estimator			100-ES
	ar 2015 or fiscal year begin Form (check only one box):			nd ending (mm/dd/y	yyy) Due by the 15th day of 6th month of taxable year; if
,	with a check or money orde		103 🗆 109	Installment 2	due date falls on weekend/holiday, see instructions.
	BOARD, PO BOX 94285				If no payment is due, do not mail this for
California corporatio	on number FEIN		California Secretary of S	State (SOS) file numbe	r Contact telephone no.
Corporation name			<u> </u>	<u> </u>	
e e i p e i ai e i i i ai i i e					Estimated Tax Amount
Attention: Owner's	or Representative's name				
					QSub Tax Amount
Address (suite, roo	om, or PMB no.)				0
City		St	ate ZIP Code		Total Installment Amount
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TAXABLE YEAR				-	CALIFORNIA FORM
0045			-		
2015	Corporation	Estimated	<b>Tax</b>		100-ES
For calendar yea	ar 2015 or fiscal year begin	ning (mm/dd/yyyy)	, a	nd ending (mm/dd/y	ууу)
,	Form (check only one box):	, ,	0S 🗌 109	Installment 3	Due by the 15th day of 9th month of taxable year; if due date falls on weekend/holiday, see instructions.
Return this form v	with a check or money orde ( BOARD, PO BOX 94285	er payable to:	94257-0531		If no payment is due, do not mail this for
California corporatio			California Secretary of S	State (SOS) file numbe	
					. ( )
Corporation name					Estimated Tax Amount
Attention: Owner's	or Representative's name				
					QSub Tax Amount
Address (suite, roo	om, or PMB no.)				
City			ate ZIP Code		
Oity				_	Total Installment Amount
			6101153		Form 100-ES 2014
<b>and</b>		1	0101100	•	

## Form at bottom of page

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

IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM	DETACH HERE _	->~
<b>CAUTION</b> : You may be required to pay electronically. See instructions.		/ 0

CALIFORNIA FORM

TAXABLE YEAR

## 2015 Corporation Estimated Tax

For calendar year 2015 or fiscal year beginning (mm/dd/yyyy)_	, and ending (mm/dd/yyyy)					
This entity will file Form (check only one box): $\Box$ 100, 100W, or	100S 🗌 109	Installment 4	Due by the 15th day of 12th month of taxable year; if due date falls on weekend/holiday, see instructions.			
Return this form with a check or money order payable to:	CA 04057 0504		If no payment is due, do not mail this form.			
FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO			1,2 /			
California corporation number FEIN	California Secretary of Sta	ate (SOS) file numbe	er Contact telephone no.			
Corporation name			Estimated Tax Amount			
			00			
Attention: Owner's or Representative's name						
			QSub Tax Amount			
Address (suite, room, or PMB no.)						
City	State ZIP Code	· · · · · · · · · · · · · · · ·	Total Installment Amount			
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