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	D	ETACH HERE —
TAXABLE YEAR CAUTION: You may be requi	iired to	pay electronically. See instructions.				_C	ALIFORNIA FORM
2015 Estimated Ta	ax	for Individuals	File ar	nd Pa	y by April '	15, 2015	540-ES
Fiscal year filers, enter year ending me	onth	Year 2016					
Your first name	Initial	Last name				Your SSN or ITII	N
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	0.)					Apt no./Ste. no.	Payment
City (If you have a foreign address, see instructions) State ZIP Code					ZIP Code		Form 1
Do not combine this payment with payment of your to to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANC	/ numb	er or individual taxpayer identification number	er and "2015 For	m 540-ES"		unt of paymen	t
If no payment is due, do not mail this form. See Section A of the instructions for an alternative to	o usinç	this form.	_		_		00

Fetimated Tax for Individuals File and Pay by June 15, 2015 2015 540.FS

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Fiscal year filers, enter year ending r Your first name	month: Year 2016 Initial Last name		Your SSN or ITIN		
f joint payment, spouse's/RDP's first name	Spouse's/RDP's S	Spouse's/RDP's SSN or ITIN			
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Oo not combine this payment with payment of your o the "Franchise Tax Board." Write your social securi dail this form and your check or money order to: FRAN f no payment is due, do not mail this form. See Section A of the instructions for an alternative	rity number or individual taxpayer identification n NCHISETAX BOARD, PO BOX 942867, SACR/	umber and "2015 Form 540-ES" on it.	Amount of payment	0	
For Privacy Notice, get FTB 1131 E	1201	1153	Form 540-E	ES 2014	
IAAABLE TEAR	IF NO PAYMENT IS DUE, quired to pay electronically. See instruct Tax for Individuals	ions.	CAL	IFORNIA FORM	
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Your first name	Initial Last name		Your SSN or ITIN	Your SSN or ITIN	
f joint payment, spouse's/RDP's first name	Initial Last name		Spouse's/RDP's S	Spouse's/RDP's SSN or ITIN	
Address (Number and street, PO Box, or PMB	no.)		Apt no./Ste. no.	Paymen	
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3 DETACH HERE	IF NO PAYMENT IS DUE,	DO NOT MAIL THIS FORI	M DET	ACH HERE —	
2015 Estimated 1	quired to pay electronically. See instruct Tax for Individuals			1FORNIA FORM	
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oo not combine this payment with payment of your or the "Franchise Tax Board." Write your social securinis form and your check or money order to: FRANCHIS no payment is due, do not mail this form. See Section A of the instructions for an alternative	rity number or individual taxpayer identification n ISE TAX BOARD, PO BOX 942867, SACRAME	umber and "2015 Form 540-ES" on it. N		<u>, , , , , , , , , , , , , , , , , , , </u>	
For Privacy Notice get FTR 1131 F	100	1153	Form 540-	EC 2014	