## 541-ES Form 1 at bottom of page

DETACH HERE IF NO PAYMENT IS DU	DO NOT MAIL THIS FORM DETACH HERE
TAXABLE YEAR	CALIFORNIA FORM
2016 Estimated Tax for Fiducia	<b>S</b> File and Pay by April 18, 2016 <b>541-ES</b>
Fiscal year filers, enter year ending: month year	
Name of estate or trust	FEIN =
Name and title of fiduciary	
Address (number and street, suite, PO box, or PMB no.)	Payment
City	State ZIP code Form
If no amount is due, do not mail this form.	Amount of payment
Using black or blue ink, make a check or money order payable to the "Franchise Tax Boa Form 541-ES" on it. Do not combine this payment with payment of your tax due for 2 check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO C	Mail this form and your

TAXABLE YEAR

2016	<b>Estimated Tax</b>	for Fiduciaries	File and Pay	by June 15, 2016	541-ES
Fiscal year filer Name of estate or t	s, enter year ending: month _ rust	year	_	FEIN	
Name and title of fig	duciary				
Address (number a	nd street, suite, PO box, or PMB no.)				Payment
City			State	ZIP code	Form 2
	, do not mail this form.	a to the "Franchica Tay Doord" \\/	- FFIN #204.0	Amount of payr	nent
Form 541-ES" on it. I	Do not combine this payment with pay	e to the "Franchise Tax Board." Write th ment of your tax due for 2015. Mail this X 942867, SACRAMENTO CA 94267-000	s form and your	<u> </u>	<u> </u>
		1211163	3	Fo	rm 541-ES 2015
DETACH H	ERE	IF NO PAYMENT IS DUE, DO NO	OT MAIL THIS FOR	RM	DETACH HERE
TAXABLE YEAR					CALIFORNIA FORM
2016	<b>Estimated Tax</b>	for Fiduciaries	File and Pag	y by Sept. 15, 2016	541-ES
Fiscal year filer	s, enter year ending: month _	year	_	FEIN	
. tailie er eetate er t					
Name and title of fig	duciary				
Address (number a	nd street, suite, PO box, or PMB no.)				Payment
City			State	ZIP code	Form 3
If no amount is due	, do not mail this form.			Amount of payr	nent
Form 541-ES" on it. I	Do not combine this payment with pay	e to the "Franchise Tax Board." Write the ment of your tax due for 2015. Mail this X 942867, SACRAMENTO CA 94267-000	s form and your	<u></u>	00
		1211163	3	Fo	rm 541-ES 2015
DETACH H	ERE	IF NO PAYMENT IS DUE, DO NO	OT MAIL THIS FOR	RM	DETACH HERE
TAXABLE YEAR					CALIFORNIA FORM
2016	<b>Estimated Tax</b>	for Fiduciaries	File and Pay	by Jan. 17, 2017	541-ES
	s, enter year ending: month _	year	-		
Name of estate or t	rust			FEIN	
Name and title of fice	duciary				
Address (number a	nd street, suite, PO box, or PMB no.)				Payment
City			State	ZIP code	Form
				L	4
	, do not mail this form.	e to the "Franchise Tax Board." Write th		Amount of payn	ient
Form 541-ES" on it. I	Do not combine this payment with pay	e to the "Franchise lax Board. Write the ment of your tax due for 2015. Mail this X 942867, SACRAMENTO CA 94267-000	s form and your		