## 541-ES Form 1 at bottom of page

\_ \_\_ \_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM . \_ DETACH HERE DETACH HERE TAXABLE YEAR CALIFORNIA FORM **Estimated Tax for Fiduciaries** 2017 File and Pay by April 18, 2017 541-ES 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 Form City State ZIP code 1 Amount of payment If no amount is due, do not mail this form. Using black or blue ink, make a check or money order payable to the "Franchise Tax Board." Write the FEIN and "2017 Form 541-ES" on it. Do not combine this payment with payment of your tax due for 2016. Mail this form and your check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0008 00 1211173 Form 541-ES 2016

CALIFORNIA FORM

2017	<b>Estimated Ta</b>	x for Fiduciari	<b>es</b> File and	d Pay by June 1	5, 2017	541-ES
Fiscal year filer Name of estate or t	rs, enter year ending: month trust	year			FEIN	
Name and title of fi	duciary					
Address (number a	nd street, suite, PO box, or PMB no	).)				Poymont
City				State ZIP code		Payment Form 2
Using black or blue in Form 541-ES" on it. <b>I</b>	e, do not mail this form. nk, make a check or money order paya Do not combine this payment with p er to: FRANCHISE TAX BOARD, PO B	payment of your tax due for 201	<ol><li>Mail this form and you</li></ol>	)17	unt of payment	Z
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TAXABLE YEAR					_	CALIFORNIA FORM
2017	<b>Estimated Ta</b>	x for Fiduciari	<b>es</b> File an	d Pay by Sept. 1	5, 2017	541-ES
	rs, enter year ending: month	year				
Name of estate or t	trust				FEIN	
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Address (number a	nd street, suite, PO box, or PMB no	).)	1 1 1 1 1		1 1 1 1	Payment
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Form 541-ES" on it. I	nk, make a check or money order paya Do not combine this payment with p er to: FRANCHISE TAX BOARD, PO B	payment of your tax due for 201	6. Mail this form and you		<u>,</u>	
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TAXABLE YEAR						CALIFORNIA FORM
2017	Estimated Tax	x for Fiduciari	<b>es</b> File and	d Pay by Jan. 16	_	541-ES
Fiscal year filer Name of estate or t	rs, enter year ending: month <sup>trust</sup>	year			FEIN	
Name and title of fi	duciary					
Address (number a	nd street, suite, PO box, or PMB no	o.)				Payment
City				State ZIP code		Form
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Form 541-ES" on it. I	nk, make a check or money order paya Do not combine this payment with p er to: FRANCHISE TAX BOARD, PO B	payment of your tax due for 201	6. Mail this form and you		<u> </u>	
		123	11173		Form 5	41-ES 2016