541-ES Form 1 at bottom of page

DETACH HERE IF NO PAYMENT IS DUE, DO	O NOT MAIL THIS FORM	DETACH HERE
TAXABLE YEAR		CALIFORNIA FORM
2018 Estimated Tax for Fiduciaries	File and Pay by April 17, 2018	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
City	State ZIP code	Form 1
If no amount is due, do not mail this form.	Amount of paymen	t
Using black or blue ink, make a check or money order payable to the "Franchise Tax Board." Wr Form 541-ES" on it. Do not combine this payment with payment of your tax due for 2017. Macheck or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 9426	til this form and your	, 00

TAXABLE YEAR

2018	Estimated	iax tor	Fiduciaries	File and	l Pay by June	e 15, 2018	541-ES
	rs, enter year ending:	month	year				
Name of estate or	trust					FEIN	
Name and title of fi	iduciary						
Address (number a	and street, suite, PO box, or	PMB no.)					Payment
City					State ZIP code		Form 2
If no amount is due	e, do not mail this form.					Amount of paymen	
Form 541-ES" on it.	nik, make a check or money o Do not combine this payme er to: FRANCHISE TAX BOAF	nt with payment of	your tax due for 2017. Mail t	this form and your	18		
			121118	33		Form	541-ES 2017
SAC DETACH F	HERE	IF NO F	PAYMENT IS DUE, DO I	NOT MAIL THI	SFORM		_ DETACH HERE
TAXABLE YEAR							CALIFORNIA FORM
2018	E stimated	Tax for	Fiduciaries	File an	d Pay by Sep	ot. 17, 2018	541-ES
Fiscal year file	rs, enter year ending:	month	year				
Name of estate or	trust					FEIN	
Name and title of fi	iduciary	1 1 1 1 1		1 1 1 1			
Address (number a	and street, suite, PO box, or	PMB no.)					Payment
City					State ZIP code		Form 3
Using black or blue i	e, do not mail this form. ink, make a check or money o Do not combine this payme er to: FRANCHISE TAX BOAF	nt with payment of	vour tax due for 2017. Mail t	this form and your	18	Amount of paymen	
			–			F	F44 F0 0047
_			121118	33		Form	541-ES 2017
DETACH F	HERE	IF NO F	PAYMENT IS DUE, DO	NOT MAIL THI	SFORM		_ DETACH HERE
TAXABLE YEAR							CALIFORNIA FORM
2018	Estimated	Tax for	Fiduciaries	File and	l Pay by Jan.	15, 2019	541-ES
	rs, enter year ending:	month	year			I	
Name of estate or	trust					FEIN	
Name and title of fi	iduciary						
Address (number a	and street, suite, PO box, or	PMB no.)					Daymant
City					State ZIP code		Payment Form 4
If no amount is due	e, do not mail this form.					Amount of paymen	
Using black or blue i	ink, make a check or money o				18	ount of paymon	-
	Do not combine this payme er to: FRANCHISE TAX BOAF				ı		. 00