

2021 Corporation Estimated Tax

100-ES

For calendar year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

This entity will file Form (check only one box): 100, 100W, or 100S 109

Return this form with a check or money order payable to:

FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531

Installment 1

Due by the 15th day of 4th month of taxable year; if due date falls on weekend/holiday, see instructions.

If no payment is due, do not mail this form.

| | | | |
|-------------------------------|------|---|-----------|
| California corporation number | FEIN | California Secretary of State file number | Telephone |
|-------------------------------|------|---|-----------|

Corporation name _____

Attention: Owner's or representative's name _____

Address (suite, room, or PMB no.) _____

City _____ State _____ ZIP code _____

Estimated Tax Amount _____ .00

QSub Tax Amount _____ .00

Total Installment Amount _____ .00

6101213

Form 100-ES 2020

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM --- DETACH HERE ---

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Installment 2

Due by the 15th day of 6th month of taxable year; if due date falls on weekend/holiday, see instructions.

If no payment is due, do not mail this form.

| | | | |
|-------------------------------|------|---|-----------|
| California corporation number | FEIN | California Secretary of State file number | Telephone |
|-------------------------------|------|---|-----------|

Corporation name _____

Attention: Owner's or representative's name _____

Address (suite, room, or PMB no.) _____

City _____ State _____ ZIP code _____

Estimated Tax Amount _____ .00

QSub Tax Amount _____ .00

Total Installment Amount _____ .00

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Form 100-ES 2020

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Installment 3

Due by the 15th day of 9th month of taxable year; if due date falls on weekend/holiday, see instructions.

If no payment is due, do not mail this form.

| | | | |
|-------------------------------|------|---|-----------|
| California corporation number | FEIN | California Secretary of State file number | Telephone |
|-------------------------------|------|---|-----------|

Corporation name _____

Attention: Owner's or representative's name _____

Address (suite, room, or PMB no.) _____

City _____ State _____ ZIP code _____

Estimated Tax Amount _____ .00

QSub Tax Amount _____ .00

Total Installment Amount _____ .00

6101213

Form 100-ES 2020

Form at bottom of page

Pay Online: Use Web Pay for Business and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. Corporations can schedule payments up to one year in advance. **Do not** mail this form if the corporation uses Web Pay.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM --- DETACH HERE ---
CAUTION: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

CALIFORNIA FORM

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100-ES

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Installment 4

Due by the 15th day of 12th month of taxable year; if due date falls on weekend/holiday, see instructions.

If no payment is due, do not mail this form.

| | | | |
|---|----------|---|---------------------------------|
| California corporation number | FEIN | California Secretary of State file number | Telephone |
| Corporation name | | | Estimated Tax Amount |
| Attention: Owner's or representative's name | | | _____ .00 |
| Address (suite, room, or PMB no.) | | | QSub Tax Amount |
| City | | | _____ .00 |
| State | ZIP code | | Total Installment Amount |
| | | | _____ .00 |