540-ES Form 1 at bottom of page

2024	Estimated Tax for Individuals	File and Pay by April 15, 2024	540-ES
TAXABLE YEAR	CAUTION: You may be required to pay electronically. See instructions.		CALIFORNIA FORM
DETACH	DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM		_ DETACH HERE

payments up to one year in advance.

Do not mail this form if you use Web Pay.

Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your

Fiscal year filers, enter year ending month: Year 2025 Your first name Your SSN or ITIN Last name Initial Spouse's/RDP's SSN or ITIN If joint payment, spouse's/RDP's first name Initial Last name Address (number and street, PO box or PMB no.) Apt no./ste. no. **Payment Form** City (If you have a foreign address, see instructions) ZIP code 1

Do not combine this payment with payment of your tax due for 2023. Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write your social security number or individual taxpayer identification number and "2024 Form 540-ES" on it. Mail this form and your check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0008.

Amount of payment

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

See Section A of the instructions for an alternative to using this form.

ONLINE SERVICES:

Form 540-ES 2023

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TAXABLE YEAR

Estimated Tax for Individuals File and Pay by June 17, 2024 2024 540-ES

Fiscal year filers, enter year ending n	nonth:	Year	2025					
Your first name	Initial	nitial Last name					Your SSN or ITIN	
If joint payment, spouse's/RDP's first name	yment, 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.)								Payment
City (If you have a foreign address, see instructions)					State	ZIP code		- Form 2
Do not combine this payment with payment of your to the "Franchise Tax Board." Write your social securit Mail this form and your check or money order to: FRAN If no payment is due, do not mail this form. See Section A of the instructions for an alternative	y numbe CHISE T	r or individual taxpayer id AX BOARD, PO BOX 942	entification numbe	and "2024 Forr	n 540-ES" c		unt of payment	00
For Privacy Notice, get FTB 1131 EN	I-SP.		120124	13			Form 540-E	S 2023
DETACH HERE	IF	NO PAYMENT I	IS DUE, DO	NOT MAIL	THIS F	ORM	DET.	ACH HERE
CAUTION: You may be rec	mired to	nav electronically. S	ee instructions					
TAXABLE YEAR		, ,						FORNIA FORM
2024 Estimated 1			duals	File and	Pay I	by Sept. 1	6, 2024 5	40-ES
Fiscal year filers, enter year ending r Your first name	nonth: Initial				Your SSN or ITIN			
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 n	0.)						Apt no./ste. no.	Payment
City (If you have a foreign address, see instruct	ions)				State	ZIP code	-	Form 3
Do not combine this payment with payment of your to the "Franchise Tax Board." Write your social securit Mail this form and your check or money order to: FRAN If no payment is due, do not mail this form. See Section A of the instructions for an alternative	y numbe CHISE T	r or individual taxpayer id AX BOARD, PO BOX 942	entification numbe	and "2024 Forn	n 540-ES" c		ount of payment	00
For Privacy Notice, get FTB 1131 EN	I-SP.		120124	13			Form 540-E	S 2023
DETACH HERE	IF	NO PAYMENT I	S DUE, DO	NOT MAIL	THIS F	ORM	DETA	ACH HERE
CAUTION: You may be rec	uired to	pay electronically. S	ee instructions.					
2024 Estimated T	ax	for Individ	duals	File and	d Pay	by Jan. 15		40-ES
Fiscal year filers, enter year ending n Your first name	nonth: Initial		2025				Your SSN or ITIN	
If joint payment, spouse's/RDP's first name	Initial	Last name				Spouse's/RDP's SSN or ITIN		
ress (number and street, PO box or PMB no.)						Apt no./ste. no. Payment		
City (If you have a foreign address, see instructions)					State	ZIP code		Form 4
Do not combine this payment with payment of your to the "Franchise Tax Board." Write your social securit Mail this form and your check or money order to: FRAN	y numbe	r or individual taxpayer id	entification numbe	r and "2024 Forn	n 540-ES" c		unt of payment	
If no payment is due, do not mail this form. See Section A of the instructions for an alternative			Loor, GAGNAMEN	. J OA 34201=U(0