## 540-ES Form 1 at bottom of page

DETACH	HERE	. IF NO PAYMENT IS DUE, DO N	NOT MAIL THIS FORM	DETACH HERE
TAXABLE YEAR	CAUTION: You may be required	d to pay electronically. See instructions.		CALIFORNIA FORM
2024	<b>Estimated Tax</b>	x for Individuals	File and Pay by April 1	5, 2024 <b>540-ES</b>
iscal year file	rs, enter year ending mon	th: Year 2025		
our first name	In	itial Last name		Your SSN or ITIN

payments up to one year in advance.

Initial Last name

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.

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

**ONLINE SERVICES:** 

If joint payment, spouse's/RDP's first name

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

Address (number and street, PO box or PMB no.)

City (If you have a foreign address, see instructions)

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

For Privacy Notice, get FTB 1131 EN-SP.

1201243 Form 540-ES 2023

ZIP code

Spouse's/RDP's SSN or ITIN

Payment Form

1

Apt no./ste. no.

Amount of payment

**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	Last name			Your SSN or ITIN		
If joint payment, spouse's/RDP's first name	ayment, spouse's/RDP's first name				Spouse's/RDP's SSN or ITIN		
Address (number and street, PO box or PMB no	Apt no./ste. no.	Payment					
City (If you have a foreign address, see instruct	State	ZIP code	ı	- 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	ror individual taxpayer identification number and "2024 AX BOARD, PO BOX 942867, SACRAMENTO CA 942	Form 540-ES" (		unt of payment	00	
For Privacy Notice, get FTB 1131 EN	I-SP.	1201243			Form 540-E	S 2023	
DETACH HERE	IF	NO PAYMENT IS DUE, DO NOT M.	AIL THIS F	ORM	DET.	ACH HERE	
CAUTION: You may be rec	uired t	pay electronically. See instructions.					
TAXABLE YEAR	•					FORNIA FORM	
			nd Pay	by Sept. 1	6, 2024 <b>5</b>	40-ES	
Fiscal year filers, enter year ending n Your first name	nonth: Initia	Year 2025 Last name			Your SSN or ITIN		
If joint payment, spouse's/RDP's first name	Initia	Last name	t name			Spouse's/RDP's SSN or ITIN	
Address (number and street, PO box or PMB n		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 on the "Franchise Tax Board." Write your social securit wait this form and your check or money order to: FRAN of no payment is due, do not mail this form.  See Section A of the instructions for an alternative to the security of the secur	y numbe CHISE T	ror individual taxpayer identification number and "2024 AX BOARD, PO BOX 942867, SACRAMENTO CA 942	Form 540-ES" (		unt of payment	_ 00	
For Privacy Notice, get FTB 1131 EN	I-SP.	1201243			Form 540-E	S 2023	
DETACH HERE	IF	NO PAYMENT IS DUE, DO NOT MA	AIL THIS F	ORM	DET/	ACH HERE	
CAUTION: You may be rec	uired t	pay electronically. See instructions.			0411	FORMA FORM	
2024 Estimated T	ax	for Individuals File a	ınd Pay	by Jan. 15		40-ES	
Fiscal year filers, enter year ending n Your first name	nonth:	Year 2025 Last name			Your SSN or ITIN		
W	Initia	.ast name			Spouse's/RDP's SSN or ITIN		
If joint payment, spouse's/RDP's first name	ess (number and street, PO box or PMB no.)						
	0.)				Apt no./ste. no.	Payment	
If joint payment, spouse's/RDP's first name  Address (number and street, PO box or PMB note)  City (If you have a foreign address, see instruct)			State	ZIP code	Apt no./ste. no.	Payment Form 4	
Address (number and street, PO box or PMB noted to the "Franchise Tax Board." Write your social security	ions)	or individual taxpayer identification number and "2024	or money order p	ayable Amo	Apt no./ste. no.	Form	
Address (number and street, PO box or PMB notice (If you have a foreign address, see instruct notice) Do not combine this payment with payment of your of the "Franchise Tax Board." Write your social securit	tax due y numbe CHISE T	or individual taxpayer identification number and "2024 AX BOARD, PO BOX 942867, SACRAMENTO CA 942	or money order p	ayable Amo		- Form	