

540-ES Form 1 at bottom of page

PAY ONLINE:

Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** and search for **payment options**. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

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

TAXABLE YEAR

CALIFORNIA FORM

2011 Estimated Tax for Individuals

File and Pay by April 15, 2011

540-ES

Fiscal year filers, enter year ending month: Year 2012

| | | | | |
|--|---------|-----------|----------------------------|-----------------------|
| Your first name | Initial | Last name | 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 no.) | | | Apt no./Ste. no. | Payment Form 1 |
| City (If you have a foreign address, see instructions) | | State | ZIP Code | |

Do not combine this payment with payment of your tax due for 2010. 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 "2011 Form 540-ES" on it. Mail this form and your check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.

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

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

Amount of payment

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TAXABLE YEAR

CALIFORNIA FORM

2011 Estimated Tax for Individuals

File and Pay by June 15, 2011

540-ES

Fiscal year filers, enter year ending month: Year 2012

| | | | |
|--|---------|-----------|----------------------------|
| Your first name | Initial | Last name | 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 no.) | | | Apt no./Ste. no. |
| City (If you have a foreign address, see instructions) | | | State ZIP Code |

Payment Form 2

Do not combine this payment with payment of your tax due for 2010. 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 "2011 Form 540-ES" on it. Mail this form and your check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.

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

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

Amount of payment

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For Privacy Notice, get form FTB 1131.

1201113

Form 540-ES 2010

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

TAXABLE YEAR

CALIFORNIA FORM

2011 Estimated Tax for Individuals

File and Pay by Sept. 15, 2011

540-ES

Fiscal year filers, enter year ending month: Year 2012

| | | | |
|--|---------|-----------|----------------------------|
| Your first name | Initial | Last name | 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 no.) | | | Apt no./Ste. no. |
| City (If you have a foreign address, see instructions) | | | State ZIP Code |

Payment Form 3

Do not combine this payment with payment of your tax due for 2010. 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 "2011 Form 540-ES" on it. Mail this form and your check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.

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

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

Amount of payment

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For Privacy Notice, get form FTB 1131.

1201113

Form 540-ES 2010

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

TAXABLE YEAR

CALIFORNIA FORM

2011 Estimated Tax for Individuals

File and Pay by Jan. 17, 2012

540-ES

Fiscal year filers, enter year ending month: Year 2012

| | | | |
|--|---------|-----------|----------------------------|
| Your first name | Initial | Last name | 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 no.) | | | Apt no./Ste. no. |
| City (If you have a foreign address, see instructions) | | | State ZIP Code |

Payment Form 4

Do not combine this payment with payment of your tax due for 2010. 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 "2011 Form 540-ES" on it. Mail this form and your check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.

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

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

Amount of payment

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For Privacy Notice, get form FTB 1131.

1201113

Form 540-ES 2010