540-ES Form 1 at bottom of page

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service.

Go to **ftb.ca.gov** and search for **web pay.** 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 N	NOT MAIL	THIS F	ORM		DETACH HE	RE —>
TAXABLE YEAR CAUTION: You may be requi	ired to	pay electronically. See instructions.				_	CALIFORNI	A FORM
2012 Estimated Ta	ax i	for Individuals	File ar	nd Pay	by April	17, 2012	540-	ES
Fiscal year filers, enter year ending mo	onth:	Year 2013						
Your first name	_	Last name				Your SSN or I	TIN	
If joint payment, spouse's/RDP's first name	Initial	Last name				Spouse's/RDF	o's SSN or IT	IN
Address (number and street, PO Box, or PMB no	0.)					Apt no./Ste. no	0. D	ayment
City (If you have a foreign address, see instruction	Parand street, PO Box, or PMB no.) Apt no./Ste. no. Parand street, PO Box, or PMB no.) Apt no./Ste. no. Parand street, PO Box, or PMB no.)			Form 1				
Do not combine this payment with payment of your to to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANC If no payment is due, do not mail this form. See Section A of the instructions for an alternative to	numbe HISE T	er or individual taxpayer identification number TAX BOARD, PO BOX 942867, SACRAMEN	and "2012 For	m 540-ES" o		ount of payme	∍nt	00

2012 Fetimated Tax for Individuals File and Pay by June 15, 2012 540.FS

ZUIZ EStilliate	u lax lu	IIIMIVI	uuais	i iie and	rayı	by Julie i	J, 2012 J	TV-LJ		
Fiscal year filers, enter year end Your first name		Yea	r 2013				Your SSN or ITIN			
If joint payment, spouse's/RDP's first nan	ment, 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		
City (If you have a foreign address, see in	nstructions)				State	ZIP Code	_	Form 2		
Oo not combine this payment with payment of the "Franchise Tax Board." Write your social wail this form and your check or money order to	security number or	individual taxpayer	identification number	r and "2012 Fori	n 540-ES" c	ayable on it. Amo	ount of payment			
f no payment is due, do not mail this form. See Section A of the instructions for an alter		,	42007, GACKAMEN	TO GA 94207-0	031.	_	· · · · · · · · ·	0		
For Privacy Notice, get form	ı FTB 1131.		120112	23	0	. —	Form 540-E	S 2011		
TETACH HERE	IF N	O PAYMENT	IS DUE, DO	NOT MAIL	THIS F	ORM	DET/	ACH HERE —>		
TAXABLE YEAR CAUTION: You may	be required to pa	y electronically.	See instructions.				CALI	FORNIA FORM		
2012 Estimate	d Tax fo	r Indivi	duale	File and	Pav k	by Sept. 1		40-ES		
Fiscal year filers, enter year end			r 2013	ile and	1 ay 1	у осрі. і	7, 2012	70-L0		
Your first name		ast name					Your SSN or ITIN			
If joint payment, spouse's/RDP's first name	ne Initial La	ast name			1 1		Spouse's/RDP's SS	Spouse's/RDP's SSN or ITIN		
Address (number and street, PO Box, or	PMB no.)			1 1 1			Apt no./Ste. no.	Payment		
City (If you have a foreign address, see in	nstructions)				State	ZIP Code	_	Form 3		
Do not combine this payment with payment of the "Franchise Tax Board." Write your social	security number or	individual taxpayer	identification numbe	r and "2012 Fori	n 540-ES" c		ount of payment			
Mail this form and your check or money order to f no payment is due, do not mail this form. See Section A of the instructions for an alter			42867, SACRAMEN	TO CA 94267-0	031.		· · · · · · · · · · · · ·	0		
For Delivery Medical and form			120112	[0		Form 540-E	S 2011		
For Privacy Notice, get form	IFIB IISI.	'	120112	.5	0		101111 340 L	0 2011		
DETACH HERE	IF N	O PAYMENT	IS DUE, DO	NOT MAIL	THIS F	ORM	DETA	ACH HERE —>		
CAUTION: You may	be required to pa	v electronically.	See instructions.							
TAXABLE YEAR				- :.				FORNIA FORM 40 FC		
2012 Estimate				File and	1 Pay	by Jan. 1	5, 2013 5	40-ES		
Fiscal year filers, enter year end Your first name		ast name	r 2013				Your SSN or ITIN			
If joint payment, spouse's/RDP's first nan	ne Initial La	ast name			1 1	1 1 1 1	Spouse's/RDP's SS	N or ITIN		
Address (number and street, PO Box, or	PMB no.)				1 1		Apt no./Ste. no.			
City (If you have a foreign address, see in		1 1 1 1	1 1 1 1	1 1 1	State	ZIP Code	7,0110,7010.110.	Payment Form		
Oo not combine this payment with payment of	of your tay due for	2011 Heine black	or blue intermeter	our chock or ma	nov order =:	avable *		4		
to the "Franchise Tax Board." Write your social this form and your check or money order to: FRA	security number or	individual taxpayer	identification number	r and "2012 Fori	n 540-ES" c		ount of payment			
f no payment is due, do not mail this form. See Section A of the instructions for an alter	native to using this	form.					· · · · · · · · ·	0		
			10011	, , I	0		Fa 540 F	0.0011		
For Privacy Notice, get forn	n FTB 1131.	ı	120112	23	0		Form 540-E	5 2011		