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/pay for more information. You can schedule your
payments up to one year in advance.
Do not mail this form if you use Web Pay.

DETACH HERE	TACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM							
TAXABLE YEAR CAUTION: You may be req	uired to	pay electronically. See instructions				_(CALIFORNIA FORM	
2025 Estimated T	'ax f	for Individuals	File ar	id Pay	/ by April ⁻	15, 2025	540-ES	
Fiscal year filers, enter year ending n	nonth:	Year 2026						
Your first name	Initial	Last name				Your SSN or IT	IN	
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						Form 1		
Do not combine this payment with payment of your to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRAN	/ number	or individual taxpayer identification number	er and "2025 Form	540-ES" o		unt of payme	nt	
If no payment is due, do not mail this form.		,						
See Section A of the instructions for an alternative	to using	this form.					00	
For Privacy Notice, get FTB 1131 EN	I-SP.	12012	53		•	Form 54	0-ES 2024	

Estimated Tax for Individuals File and Pay by June 16, 2025 2025 540-ES

Fiscal year filers, enter year ending m	onth:	Year 2026		,	,	•			
Your first name	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 no).)					Apt no./ste. no.	Payment		
City (If you have a foreign address, see instructi		State	ZIP code		- Form 2				
Do not combine this payment with payment of your to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANG If no payment is due, do not mail this form. See Section A of the instructions for an alternative to	number CHISE T	r or individual taxpayer identification TAX BOARD, PO BOX 942867, SAC	number and "2025 Form	n 540-ES" or		unt of payment			
For Privacy Notice, get FTB 1131 EN-SP. 1201253					•	Form 540-	ES 2024		
DETACH HERE	IF	F NO PAYMENT IS DUE	E, DO NOT MAIL	. THIS F	ORM	DE	TACH HERE		
TAXABLE YEAR CAUTION: You may be req	uired to	o pay electronically. See instru	uctions.			CA	LIFORNIA FORM		
2025 Estimated T	ax	for Individual	S File and	l Pav I	by Sept. 1				
Fiscal year filers, enter year ending m	nonth:	Year 2026		,	7 1	-			
Your first name	Initia	I Last name				Your SSN or ITIN			
If joint payment, spouse's/RDP's first name	Initia	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 instructions)				State	ZIP code		Form 3		
Do not combine this payment with payment of your 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	number CHISE T	r or individual taxpayer identification TAX BOARD, PO BOX 942867, SAC	number and "2025 Form	n 540-ES" or	ayable Amc	ount of payment	00		
For Privacy Notice, get FTB 1131 EN	-SP.	12	01253		•	Form 540-	ES 2024		
DETACH HERE	IF	- NO PAYMENT IS DUE	E, DO NOT MAIL	. THIS F	ORM	DE ⁻	TACH HERE		
CAUTION: You may be req	uired to	o pay electronically. See instru	uctions.						
2025 Estimated T	av	for Individual	S File and	d Pav	by Jan. 15		LIFORNIA FORM		
Fiscal year filers, enter year ending m				лау	by Jan. IC), 2020	J-10-EJ		
Your first name	Initial					Your SSN or ITIN			
If joint payment, spouse's/RDP's first name	Initial	I 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 instructi	ons)			State	ZIP code		– Form 4		
Do not combine this payment with payment of your to the "Franchise Tax Board." Write your social security Mail this form and your check or money order to: FRANG	number	r or individual taxpayer identification	number and "2025 Form	1 540-ES" or		unt of payment	I		
If no payment is due, do not mail this form. See Section A of the instructions for an alternative t							00		
			01050		-	Earm E40	ES 2024		
For Privacy Notice, get FTB 1131 EN	-SP.	12	01253			Form 540-	EG 2024		