540-ES Form 1 at bottom of page

DETACH	HERE	IF	NO PAYM	ENT IS DUE, DO	NOT MAIL THIS FORM			ETACH	HERE
TAXABLE YEAR	YEAR CAUTION: You may be required to pay electronically. See instructions.							CALIFORNIA FORM	
2022	Estimated Ta	ax '	for Ind	lividuals	File and Pay by	April '	18, 2022	540)-ES
Fiscal year file	rs, enter year ending m	onth:		Year 2023					
Your first name		Initial	Last name				Your SSN or ITI	N	
If joint payment, spouse's/RDP's first name		Initial	Last name				Spouse's/RDP's	s SSN or	ITIN
Address (number a	and street) PO box or PMB no.						Apt no./ste. no.		Payment

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

ZIP code

Form 540-ES 2021

Amount of payment

Form

00

Do not combine this payment with payment of your tax due for 2021. 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 "2022 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.

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

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

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

ONLINE SERVICES:

2022 Estimated Tay for Individuals File EAN EC

2022	Estimated	ıax	tor inal	viduais	File an	d Pay	by June 1	5, 2022	54U-E5		
	lers, enter year ending			Year 2023							
Your first name								Your SSN or ITIN			
If joint payment,	int payment, spouse's/RDP's first name Initial Last name							Spouse's/RDP's S	SSN or ITIN		
Address (numbe	Address (number and street) PO box or PMB no. City (If you have a foreign address, see instructions) State ZIP code							Apt no./ste. no.	Payment		
City (If you have									Form 2		
to the "Franchise T	nis payment with payment of yo Fax Board." Write your social sec your check or money order to: FR	curity number	er or individual tax	payer identification nu	umber and "2022 Fo	orm 540-ES"	ayable Amo	unt of payment			
	ue, do not mail this form. he instructions for an alternati	ve to using	this form.						_ 00		
For Pri	ivacy Notice, get FTB 1131	EN-SP.	\neg	1201	.223			Form 540-	ES 2021		
DETAC	H HERE	IF	- NO PAYME	ENT IS DUE T	OO NOT MAI	I THIS F	OBM	DE	TACH HERE		
DLIAC						2	o		TAOTTIETE		
TAXABLE YEAR	- 								LIFORNIA FORM		
2022	Estimated				File an	d Pay	by Sept. 1	5, 2022	540-ES		
Fiscal year fil Your first name	lers, enter year ending	month:		Year 2023				Your SSN or ITIN			
If joint payment,	spouse's/RDP's first name	Initial	Last name			Spouse's/RDP's SSN or ITIN					
Address (numbe	ddress (number and street) PO box or PMB no.							Apt no./ste. no.	Payment		
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to the "Franchise T Mail this form and y	nis payment with payment of your social section of the control of the payment of your check or money order to: FR	curity number	er or individual tax	payer identification nu	umber and "2022 Fo	orm 540-ES"	ayable Amo on it.	unt of payment			
	ue, do not mail this form. he instructions for an alternati	ve to using	this form.						_ 00		
For Pri	ivacy Notice, get FTB 1131	EN-SP.		1201	.223			Form 540-	ES 2021		
DETAC	H HERE	IF	F NO PAYME	ENT IS DUE, [OO NOT MAI	L THIS F	ORM	DE	TACH HERE		
TAXABLE YEAR	CAUTION: You may be i	required to	o pay electronic	ally. See instruction	ons.			_ CA	LIFORNIA FORM		
2022	Estimated	Tax	for Indi	viduals	File an	nd Pay	by Jan. 1	7, 2023	540-ES		
Fiscal year fil Your first name	lers, enter year ending	month:		Year 2023				Your SSN or ITIN			
If joint payment,	spouse's/RDP's first name	Initial	Last name						Spouse's/RDP's SSN or ITIN		
Address (numbe	r and street) PO box or PME	3 no.						Apt no./ste. no.	Payment		
City (If you have	a foreign address, see instru	uctions)				State	ZIP code				
to the "Franchise T	nis payment with payment of your social sectors of the control of	curity number	er or individual tax	payer identification nu	umber and "2022 Fo	orm 540-ES"		unt of payment	1		
If no payment is d	ue, do not mail this form. he instructions for an alternative			JON STEEDI, SMURA	Livi O OA 94207	J000.			_ 00		
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For Pr	rivacy Notice, get FTB 1131	EN-SP.		1201	.223			Form 540	-ES 2021		