

# Individual California (CA) Quarterly Payment

## Important

Please ensure you print the last page of the completed form or the payment confirmation page and upload it to your shared folder. Emailed confirmations do not always contain enough information.

## 1. Go to the California Franchise Tax Board website

Go to <https://www.ftb.ca.gov/pay/bank-account/index.asp> to pay using a bank account (Web Pay). Select the "Use Web pay Personal" option.

## Pay by bank account (Web Pay)

< Pay

Pay by bank account

Help with bank account payments

### Related content

- Make a payment with FTB mobile app
- Processing and wait times

## Pay now

Use Web Pay to pay with your checking or savings account - for free.

### Personal

You can make payments for:

- Bill or other balance due
- Current year or amended tax return
- Estimated tax
- Extension
- [Group nonresident/composite return](#)
- Pending audit tax deposit
- Proposed assessment

Use Web Pay personal

### Business

You can make various payments such as, but not limited to:

- Annual tax or fee
- Bill or other balance due
- Current year or amended tax return
- Estimated tax
- Extension

### Partnerships

If your entity's SOS number does not work or your entity does not have an SOS number, then your FTB Issued ID number should be used.

### Sole Proprietorships

Sole Proprietorships must use Web Pay personal.

It has come to our attention some recently registered business entities may not be able to use the FTB Web Pay application. We are diligently working to resolve the issue to ensure all business entities may use the Web Pay application. If an entity is unable to use Web Pay, FTB offers several other [payment options](#).

Use Web Pay business



## 2. Fill out the form

Enter your Social Security Number, and Last Name to the provided field, solve the captcha and then click the Login button. After that enter your Name and Address Information and click continue button

### Login for Individuals

\* = Required Field

[Privacy Policy](#)

Enter your Social Security Number and Last Name below. The combination must match our records in order to access this service.

\* Social Security Number

9 numbers, no spaces or dashes

\* Last Name

Up to 17 letters, no special characters

\* Type the characters from the picture



If you use Web Pay, do not mail the paper payment voucher.

Login >

### Name & Address Information

\* = Required Field

[Privacy Policy](#)

\* First Name

Middle Initial

\* Last Name

Foreign Address

\* Street Address

Number and Street, or PO Box

### 3. Payment Type

Select Estimated Tax Payment (Form 540 – ES) for the Payment Type.

#### Payment Type

\* = Required Field

[Privacy Policy](#)

\* Select a payment type.

- Estimated Tax Payment (Form 540 - ES)
- Bill Payment
- Tax Return Payment
- Amended Tax Return Payment
- Extension Payment (Form 3519)
- Notice of Proposed Assessment or Form 3834 Payment
- Pending Audit Tax Deposit Payment (Form 3576)

[Help](#)

[Continue >](#)

[Back](#)

[Cancel](#)



## 4. Fill out the rest of the form

Fill out the rest of the form to include the correct payment information and bank information.

### Payment Information

\* = Required Field

[Privacy Policy](#)

Payment Type: **Estimated Tax**

[Change payment type](#)

\* Tax Year

[Help](#)

You may make up to 4 estimated tax payments.

Payment Amount	Payment Date	Action
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No estimated tax payments added yet. Click the button below to add an estimated tax payment.

[Add an estimated tax payment >](#)

\* Is this a joint tax payment?

Yes

No

[Continue >](#)

[Back](#)

[Cancel](#)

### Bank Information

\* = Required Field

[Privacy Policy](#)

\* Routing Number

9 numbers only

[Help](#)

\* Account Number

3-17 characters max

[Help](#)

\* Re-enter Account Number

\* Account Type

Checking

Savings

[Continue >](#)

[Back](#)

[Cancel](#)



## 5. Print confirmation in PDF

Please ensure you print the last page of the completed form or the payment confirmation page and upload it to your shared folder. Emailed confirmations do not always contain enough information.

To print in PDF, right click on the confirmation page, select "Print", and "Save as PDF".

Please review your Web Pay request. If you wish to make changes select the appropriate link. If the information is correct, review the authorization statement below, check the agreement box, and click the 'Submit' button only once.

\* Required Field

### Contact Information

Taxpayer's Social Security Number  
Name  
Address

Telephone Number

[Edit contact information](#)

Spouse/RDP's Social Security Number  
Spouse/RDP's Name

[Edit spouse/RDP information](#)

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### Print

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