

Start by navigating to <http://ftb.ca.gov> in your browser

CA.GOV MyFTB account Tax Pros Help

FTB STATE OF CALIFORNIA Franchise Tax Board

File **Pay** Refund Forms

California counts on all of us

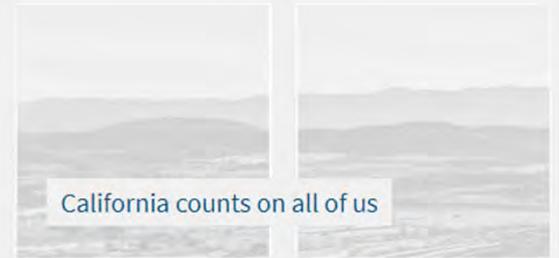
CalFile > Check your refund status > Make a payment >

Respond to a letter > Court-ordered debt > Vehicle registration collections >

https://www.ftb.ca.gov/help/letters/index.html?WT.ac=Home_Task_Letter

Click on Pay in the top menu

Pay



- Pay
- Payment options
- Penalties and interest
- Collections
- Withholding
- If you cannot pay

Choose Bank Account

Make a payment

Bank account

Credit card

Payment plan

[More payment options](#)



You may be required to pay electronically. [Visit Mandatory e-Pay](#)

What you may owe

- [You filed tax return](#)
- [You received a letter](#)
- [Estimated tax payments](#)

Popular

- [Court ordered debt](#)
- [Vehicle registration collections](#)
- [Wage withholding](#)

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

Choose Personal

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 payments for:

- Annual tax or fee
- Bill or other balance due
- Current year or amended tax return
- Estimated tax
- Extension
- Nonconsenting nonresident (NCNR) tax
- Pending audit tax deposit
- Proposed assessment
- Secretary of State (SOS) certification penalty

Sole Proprietorships must use Web Pay personal.

Use Web Pay business

Register for added benefits

If you pay through your [MyFTB account](#), you can:

- View payments



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

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

Login >

Enter the primary taxpayer's social security number, last name and the characters shown.



Name & Address Information

* = Required Field

* First Name

Middle Initial

Enter your full name and current address.

* Last Name

Foreign Address

* Street Address

Number and Street, or PO Box

Apartment/Space/Suite

* City



Payment Type

* = Required Field

* 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

Choose the type of payment you are scheduled. Most common are Estimated Tax Payment, Tax Return payment or Extension payment.



Payment Information

* = Required Field

Payment Type: **Estimated Tax**

[Change payment type](#)

* Tax Year

← Choose the Tax Year your payment should be applied to

[Help](#)

You may make up to 4 estimated tax payments.

Payment Amount	Payment Date	Action
\$10,000.00	04/15/2024	Delete Edit

Add an estimated tax payment >

For estimates, click on the add button and enter the amount and date for each estimate. You can schedule estimates for the entire year all at once if you choose.

* Is this a joint tax payment?

- Yes
- No

Continue >

Back

Cancel



Payment Information

* = Required Field

Payment Type: **Tax Return**

[Change payment type](#)

* Tax Year

[Help](#)

* Payment Amount

e.g. 1000.25

Return payments and extension payments will not give the option to schedule multiple payments. Simply enter the payment amount and date for payment to be withdrawn from your bank account.

* Payment Date

MM/DD/YYYY

Must be today's date or a future date, not to exceed 1 year.

* Is this a joint tax payment?

Yes

No

Continue >

Back

Cancel

Next, check the Yes or No button for whether your payment is a joint tax payment with your spouse. If you file jointly, please check yes.

MM/DD/YYYY

Must be today's date or a future date, not to exceed 1 year.



*** Is this a joint tax payment?**

- Yes
- No

Continue >

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Cancel



Spouse/Registered Domestic Partner Information

* = Required Field

Enter your Spouse/Registered Domestic Partner (RDP) information below.

* First Name

Middle Initial

* Last Name

* Social Security Number

9 numbers, no spaces or dashes

Continue >

Back

Cancel

If filing jointly, enter your Spouse or RDP's name and social security number.



Bank Information

* = Required Field

*** Routing Number**

9 numbers only

[Help](#)

*** Account Number**

3-17 characters max

[Help](#)

*** Re-enter Account Number**

*** Account Type**

Checking

Savings

Continue >

Back

Cancel

Enter your bank's routing number and your account number. Account number must be entered twice for confirmation. Choose Checking or Savings as the account type.



Review Your Request

* = Required Field

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.

Contact Information

Taxpayer's Social Security Number	*****9999
Name	Taxpayer Name
Address	1234 Main St Campbell, CA 95008

[Edit Contact Information](#)

Spouse/RDP's Social Security Number	*****9999
Spouse/RDP's Name	Spouse Name

[Edit Spouse/RDP Information](#)

[Remove Spouse/RDP Information](#)

Payment Information

Payment Type	Tax Return
Tax Year	2023
Payment Amount	\$500.00
Payment Date	04/15/20204

[Edit Payment Information](#)

Last, review your information to be sure it is accurate and complete.

Bank Information

Routing Number 999999999
Bank Name LOCAL BANK
Account Number 123456789
Account Type Checking

[Edit Banking Information](#)

Confirm banking information is correct.

The next screen will show that your request is scheduled.

Email & Phone Information

If you want an email confirmation that your payment request has been received, provide an email address. This email address is only used for this request.

Email Address

Re-enter Email Address

Enter your email if you would like confirmation of your payment emailed directly to you.

Telephone Number

Payment Authorization

I hereby authorize the Franchise Tax Board to initiate and process a debit entry to the bank account identified above. This authorization will remain in effect unless I contact the Franchise Tax Board to cancel the request. I request that the payment(s) above be deducted from the bank account on the date specified above. If this day falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the Franchise Tax Board cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the Franchise Tax Board may charge a dishonored payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the State of California I declare that I have completed this application to the best of my knowledge and belief; it is true, correct, and complete.

* By checking this box I agree to the terms stated above.

Click only once

Check the box agreeing to the terms for direct debit payments. Hit Submit.



Confirmation

We recommend you print or save a copy of this page even if you requested an email confirmation. The page expires in 20 minutes.

Date Request Made
9/12/2021 2:04:19 PM

Contact Information

Taxpayer's Social Security Number
*******9999**

Name
TAXPAYER NAME

Address
**1234 MAIN ST
CAMPBELL CA, 95088**

Payment Information

Payment Type
Estimated Tax
Tax Year
2021

Estimate Payments

Payment Amount	Payment Date	Confirmation Number
\$10,000.00	6/15/2021	99997878979

Bank Information

Routing Number
121000444

Bank Name
LOCAL BANK

Account Number
*******99994**

Account Type
Checking

Your bank account: Allow up to 2 business days from the payment date for your bank account to reflect your payment. To confirm your payment has been cleared, review your bank account statement or contact your bank.

To cancel a Web Pay request, you must contact us at least two business days prior to the requested payment.

Print this page or save your confirmation number! You can lookup and make changes to your payment when scheduled in advance or afterwards to verify payment was processed. Remember to keep a copy for ASL!