

Form FTB 5805 Specifications Barcode 1 of 1

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
1	Header	Header Version Number	N	2	T1	
2	Header	CTP ID	N	3		
3	Gov't	Tax Year	N	4	YYYY	
4	Gov't	Form Type	N	6	767	
5	Gov't	Software Developer Version	N	3	001. Increment plus 1 for each change to the barcode.	
6	Gov't	FTB Specification Version	N	3	001. See Header Fields Definitions in Publication 1098, Part II for more information.	
7		Taxpayer's First Name	A	11		
8		Taxpayer's Middle Initial	A	1		
9		Taxpayer's Last Name	A	35		
10		Taxpayer Suffix	A	4		
11		Taxpayer's SSN, ITIN, or FEIN	N	9		
12	1	Yes – Penalty Waiver Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
13	1	No – Penalty Waiver Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
14	2	Yes – Annualized Income Installment Method Used Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
15	2	No – Annualized Income Installment Method Used Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
16	3	Yes – California Withholding Installments Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
17	3	No – California Withholding Installments Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
18	3	N/A – California Withholding Installments Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
19	3	Actual amounts withheld 4/15/19	N	15		
20	3	Actual amounts withheld 6/17/19	N	15		
21	3	Actual amounts withheld 9/16/19	N	15		
22	3	Actual amounts withheld 1/15/20	N	15		
23	4	Yes - Estates and Trusts Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
24	4	No - Estates and Trusts Check box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
25	13	Penalty amount	N	15		
26	23(a)	Enter Line 18 or 21, whichever is less total	N	15		

2D SPECIFICATIONS FOR FORM FTB 5805**Form FTB 5805 Specifications Barcode 1 of 1**

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
27	23(b)	Enter Line 18 or 21, whichever is less total	N	15		
28	23(c)	Enter Line 18 or 21, whichever is less total	N	15		
29	23(d)	Enter Line 18 or 21, whichever is less total	N	15		
30		END OF FILE	AN	5	*EOD*	

Underpayment of Estimated Tax by Individuals and Fiduciaries

2019

5805

Attach this form to the **back** of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

SSN, ITIN, or FEIN

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2018 or 2019 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2018 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2019 return or 100% of the tax shown on your 2018 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2019 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General information E.

1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement.
See General Information C **1** **12** Yes **13** No

2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. **2** **14** Yes **15** No

3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? **3** **16** Yes **17** No
 18 N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/19 \$; 6/15/19 \$; 9/15/19 \$; 1/15/20 \$.

4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E . . . **4** **23** Yes **24** No

This space reserved for 2D barcode

Part II Required Annual Payment. All filers must complete this part.

1	Current year tax. Enter your 2019 tax after credits. See instructions.	1	<input type="text"/>	.00
2	Multiply line 1 by 90% (.90)	2	<input type="text"/>	.00
3	Withholding taxes. Do not include any estimated tax payments on this line. See instructions	3	<input type="text"/>	.00
4	Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805.	4	<input type="text"/>	.00
5	Enter the tax shown on your 2018 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2019, more than \$75,000).	5	<input type="text"/>	.00
6	Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)	6	<input type="text"/>	.00

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II in the instructions (page 4).

7	Enter the amount, if any, from Part II, line 3 above	7	<input type="text"/>	.00
8	Enter the total amount, if any, of estimated tax payments you made.	8	<input type="text"/>	.00
9	Add line 7 and line 8	9	<input type="text"/>	.00
10	Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805	10	<input type="text"/>	.00
11	Multiply line 10 by .03898393	11	<input type="text"/>	.00
12	<ul style="list-style-type: none"> • If the amount on line 10 was paid on or after 4/15/20, enter -0-. • If the amount on line 10 was paid before 4/15/20, enter the result of the following computation: 			
	Amount on line 10 X Number of days paid before 4/15/20 X .00014	12	<input type="text"/>	.00
13	PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ►	13	<input type="text" value="25"/>	.00

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2019 (See Example A). If you earned your income at approximately the same rate each month (See Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

Example A: If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

Example B: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. Estates and trusts, **do not** use the period ending dates shown to the right. Instead, use the following: 2/28/19, 4/30/19, 7/31/19, and 11/30/19. Fiscal year filers must adjust dates accordingly.

	(a) 1/1/19 to 3/31/19	(b) 1/1/19 to 5/31/19	(c) 1/1/19 to 8/31/19	(d) 1/1/19 to 12/31/19
1 Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions				
2 Annualization amounts. Estates or Trusts, see instructions	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2.				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9				
5 Annualization amounts	4	2.4	1.5	1
6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions				
7 Enter your standard deduction from your 2019 Form 540, or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions				
8 Enter line 6 or line 7, whichever is larger				
9 Subtract line 8 from line 3				
10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions				
11 Enter the total amount of exemption credits from your 2019 Form 540, line 32 or Form 541, line 22. If you filed a Form 540NR, see instructions				
12 Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions.				
13 Enter the total credit amount from your 2019 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions				
14 a Subtract line 13 from line 12. If zero or less, enter -0-				
b Enter the alternative minimum tax and mental health tax. See Instructions				
c Add line 14a and line 14b				
d Enter the excess SDI from Form 540, line 74 or Form 540NR, line 84.				
e Subtract line 14d from line 14c. If zero or less, enter -0-				
15 Applicable percentage.	27%	63%	63%	90%
16 Multiply line 14e by line 15.				
Complete Line 17 through Line 23 of each column before you go to the next column.				
17 Enter the combined amounts shown on line 23 from all preceding columns				
18 Subtract line 17 from line 16. If zero or less, enter -0-				
19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c.				
20 Enter the amount from line 22 from the preceding column				
21 Add line 19 and line 20.				
22 Subtract line 18 from line 21. If zero or less, enter -0-				
23 Enter line 18 or line 21, whichever is less. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1.	26	27	28	29

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.

FORM FTB 5805 BARCODE PLACEMENT***Form 5805 Barcode Placement Specifications***

Comments: Use Courier 12-point font, for CTP ID and Doc. ID (print line 63).

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	–	–	–	–
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-53	Blank lines	–	–	–	–
54-60	“2D BARCODE”	7	73	79	Conventional form size/style
61	Blank line	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form	–	–	–	End of bottom registration mark, anchor mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, “7671194” (Side 1)

