TAXABLE YEAR

Underpayment of Estimated Tax by Individuals and Fiduciaries

CALIFORNIA FORM

5805

	2029 by individuals and Fiduciaries	5005
	nch this form to the back of your Form 540, Form 540NR, or Form 541. Also, check the box for underpated on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.	ayment of estimated tax
Nam	e(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 See General Information B.	o complete this form.
	If you meet any of the following conditions, you do not owe a penalty for underpayment of estimated tax. Do no	ot complete or file
	 this form if: The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution (including the withholding credit) but not including estimated tax payments for either 2022 or 2023 was less \$250 if married/RDP filing a separate return). 	
	Your 2022 return was for a full 12 months (or would have been if you were required to file) and you did not on that return.	have any tax liability
	The amount of your withholding plus your estimated tax payments, if paid in the required installments, is on your 2023 return or 100% of the tax shown on your 2022 return (110% if California adjusted gross incor \$150,000 or \$75,000 if married/RDP filling a separate return) and you are not using the annualized income i with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filling a separate return) their 2023 tax return if they do not meet one of the two conditions above.	me (AGI) was more than nstallment method. Taxpayers
Pai	rt 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 • Yes
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 • Yes
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 • Yes N/A
	If "Yes," enter the actual uneven amounts withheld on the spaces provided below. The total of the four amounts withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 are	s must equal the total
	4/15/23, • \$ [; 6/15/23, • \$];	
	9/15/23, • \$ 1/15/24, • \$.	

Par	Required Annual Payment. All filers must complete this part.	_
		_
1	Current year tax. Enter your 2023 tax after credits. See instructions	. 00
2	Multiply line 1 by 90% (.90)	
3	Withholding taxes. Do not include any estimated tax payments on this line. See instructions	. 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	. 00
5	Enter the tax shown on your 2022 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 2023, more than \$75,000)	. 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)	. 00
Sho	rt Method	
Cau	tion: 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 If you answered "No" to Question 2 in Part I and you cannot use the short method, go to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.	: III.
7	Enter the amount, if any, from Part II, line 3 above	
8	Enter the total amount, if any, of estimated tax payments you made	
9	Add line 7 and line 8	. 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	. 00
11	Multiply line 10 by .04799165	. 00
12	 If the amount on line 10 was paid on or after 4/15/24, enter -0 If the amount on line 10 was paid before 4/15/24, enter the result of the following computation: Amount on Number of days paid line 10 X before 4/15/24 X 00019 	. 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." ▶	. 00

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2023 (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, 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.

cor Est sho	complete this schedule correctly, you must first nplete Side 2, Part II, line 1 through line 6. ates and trusts, do not use the period ending dates awn to the right. Instead, use the following: 2/28/23.		Ç		
4/3	0/23, 7/31/23, and 11/30/23.	(a)	(b)	(c)	(d)
Fiso	cal year filers must adjust dates accordingly.	1/1/23 to 3/31/23	1/1/23 to 5/31/23	1/1/23 to 8/31/23	1/1/23 to 12/31/23
1	Enter your California adjusted gross income (AGI)				
	for each period. Form 540NR filers, see instructions.		_ 4 0		
	Estates or Trusts, enter the amount from Form 541,				
	line 20 attributable to each period. See instructions 1				
2	Annualization amounts. Estates or Trusts,				
2	•		0.4		_
	see instructions	4	2.4	1.5	I
_					
	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
	Annualized itemized deductions. Multiply line 4 by line 5.				
·	See instructions				
7	Enter your standard deduction from your 2023, Form 540				
′	or Form 540NR, line 18. Enter the total standard				
	deduction amount in each column. See instructions 7				
_					
8	Enter line 6 or line 7, whichever is larger				
	Subtract line 8 from line 3 9				
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 10				
11	Enter the total amount of exemption credits from your				
	2023 Form 540, line 32 or Form 541, line 22. If you filed				
	Form 540NR, see instructions				
12	Subtract line 11 from line 10. Form 540NR filers,				
	complete Worksheet I on page 3 of the instructions 12				
12	Enter the total credit amount from your 2023 Form 540,				
10	line 47; or Form 541, line 23. Form 540NR filers,				
	see instructions				

7673233 FTB 5805 2023, **Side 3**

art III Annualized Income Installm	ent Method Schedule	. continued				
		(a) 1/1/23 to 3/31/23	(b) 1/1/23_to 5/31/23_	(c) 1/1/23 ₄ to 8	/31/23	(d) 1/1/23 to 12/31/23
a Subtract line 13 from line 12.	. Γ					
If zero or less, enter -0						
b Enter the alternative minimum tax a	nd _r					
mental health tax. See instructions.	14b					
c Add line 14a and line 14b	14c					
d Enter the excess SDI from Form 54	L					
or Form 540NR, line 84	14d					
e Subtract line 14d from line 14c.						
If zero or less, enter -0	1/0					
il zelo di less, eliter -o						
Applicable percentage	15	27%	63%		63%	90%
Multiply line 14e by line 15	16					
mplete line 17 through line 23 of each (aluma hafara yay aa t	a the next column				
Enter the combined amounts shown or		o the next column.				
from all preceding columns						
Subtract line 17 from line 16. If zero or	'					
enter -0						
Enter 30% of the amount shown on for						
Part II, line 6 in columns (a & d), enter						
amount on line 6 in column b, enter -0-	- in column c 19					
Enter the amount from line 22 from						
the preceding column	20					
Add line 19 and line 20	21					
Subtract line 18 from line 21. If zero or	less, r				11	
enter -0	22					
Enter line 18 or line 21, whichever is le	se for each column Ar	anctor these amounts to	o Worksheet II line 1 o	n naga 1 of th	a inetructio	nne
(a)	(b)	anoidi those amounts t		ii page 4 0i lii	o monuolit	(d)
4 4 100 1 0 004 100		(04 (00	(C)		4 /4 /0	(u)
1/1/23 to 3/31/23	1/1/23 to 5	/31/2 3	1/1/23 to 8/31/23		1/1/2	3 to 12/31/23

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.