

Worksheet II Regular Method to Figure Your Underpayment and Penalty.

Part I Figure Your Underpayment.		Payment Due Dates			
		(a) 4/15/23	(b) 6/15/23	(c) 9/15/23	(d) 1/15/24
1 Required Installments. See instructions	1				
2 Estimated tax paid and tax withheld. See instructions. For column (a) only, also enter the amount from line 2 on line 6. (If line 2 is equal to or more than line 1 for all payment periods, stop here; you do not owe the penalty. Do not file form FTB 5805 unless you answer "Yes" to a question in Part I)	2				
Complete line 3 through line 9 of each column before going to the next column.					
3 Enter amount, if any, from line 9 of previous column	3				
4 Add line 2 and line 3	4				
5 Add amounts on line 7 and line 8 of the previous column	5				
6 Subtract line 5 from line 4. If zero or less, enter -0-. For column (a) only, enter the amount from line 2	6				
7 If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0-	7				
8 Underpayment. If line 1 is equal to or more than line 6, subtract line 6 from line 1. Then go to line 3 of next column. Otherwise, go to line 9 ▶	8				
9 Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column	9				

Part II Figure the Penalty.**Complete line 10 through line 13 of each column before going to the next column.**

Rate Period 1:	4/15/23	6/15/23	9/15/23	1/15/24
April 15, 2023 – June 30, 2023	Days:	Days:		
10 Number of days from the date shown above line 10 to the date the amount on line 8 was paid or 6/30/23, whichever is earlier	10			
11 Underpayment Number of on line 8 X <u>days on line 10</u> X .05 (see instructions) 365 ▶	11 \$	\$		
Rate Period 2:	7/1/23	7/1/23	7/1/23	7/1/23
July 1, 2023 – April 15, 2024	Days:	Days:	Days:	Days:
12 Number of days from the date shown above line 12 to the date the amount on line 8 was paid or 4/15/23, whichever is earlier	12			
13 Underpayment Number of on line 8 X <u>days on line 12</u> X .07 (see instructions) 366 ▶	13 \$	\$	\$	\$
14 PENALTY. Add amounts on line 11 and line 13 in all columns. Enter the total here, on form FTB 5805, Side 2, Part II, line 13, and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, and check the box on that line ▶	14 \$			