

2017 Instructions for Form FTB 3587

Payment Voucher for LP, LLP, and REMIC e-filed Returns

General Information

Use form FTB 3587, Payment Voucher for LP, LLP, and REMIC e-filed Returns, to pay the tax only if the LP, LLP, or REMIC meets all of the following:

- Files its tax return electronically.
- Has a balance due.
- Remits payment with a check or money order.

Web Pay

Make payments online using Web Pay for Businesses. LPs, LLPs, and REMICs can make an immediate payment or schedule payments up to a year in advance. For more information, go to ftb.ca.gov/pay. If paying by Web Pay, **do not** file form FTB 3587.

Credit Card

To pay by credit card, go to officialpayments.com. Official Payments Corp. charges a convenience fee for using this service. If paying by credit card, **do not** file form FTB 3587.

Private Mail Box (PMB)

Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Instructions

Is form FTB 3587 preprinted with the LP's, LLP's, or REMIC's information?

Yes. Go to number 1. **No.** Go to number 2.

1. Verify that the following information is correct before mailing the voucher and the check or money order:

- LP's, LLP's, or REMIC's name
- Doing business as (DBA)
- Address
- Federal employer identification number (FEIN)
- California Secretary of State (SOS) file number
- Amount of payment
- Contact telephone number

If a change is needed to the information, use black or blue ink to draw a line through the incorrect information and clearly print the new information. Scanning machines may not be able to read other ink colors. Then, go to number 3.

2. If there is a balance due, complete the voucher at the bottom of this page with black or blue ink. Scanning machines may not be able to read other ink colors. Print the LP's, LLP's, or REMIC's name, DBA, address (in **CAPITAL LETTERS**), FEIN, California SOS file number, contact telephone number, and amount of payment in the space provided.

The information on form FTB 3587 should match the information that was electronically transmitted to the Franchise Tax Board and the information printed on the paper copy of the 2017 Form 565, Partnership Return of Income.

3. Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the LP's, LLP's, or REMIC's FEIN or California SOS file number and "2017 FTB 3587" on the check or money order. A penalty may be imposed if the payment is returned by the bank for insufficient funds.

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

4. Attach the preprinted voucher or detach the payment voucher from below, only if an amount is owed. Enclose, but **do not** staple, the payment with the voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

When to Make Payment

The tax liability must be paid by the 15th day of the 3rd month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Penalties and Interest

An extension of time to file a tax return is **not** an extension of time to **pay** the tax. If the entity fails to pay its annual tax by the original due date of the return, the entity will incur a late payment penalty plus interest. To avoid late payment penalties and interest, the annual tax must be paid by the 15th day of the 3rd month, following the close of the taxable year.

Do not mail a paper copy of the LP, LLP, or REMIC return to the FTB.

Keep it for the LP's, LLP's, or REMIC's records.

✂ DETACH HERE _____ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _____ DETACH HERE ✂

Fiscal year: File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Calendar year: File and Pay by March 15, 2018.

TAXABLE YEAR

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CALIFORNIA FORM

3587 (e-file)

For calendar year 2017 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

LP, LLP, or REMIC name _____ FEIN _____

DBA _____ California Secretary of State (SOS) file number _____

Address (suite, room, PO box, or PMB no.) _____

City _____ State _____ ZIP code _____

Telephone () _____ Amount of payment _____ .00

**Do not mail copy of the return
with this payment voucher.**