TAXABLE YEARPayment Voucher for Foreign Partner or
Member Withholding

CALIFORNIA FORM

592	·A
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The withholding agent completes a	nd files this form.			
For calendar year 2018 or fiscal year b	eginning (mm/dd/yyyy)	, and er	nding (mm/dd/yyyy)	·•
	ly of 4th month of taxable y	ear; for weekend or holiday, see ins		
Business name			FEIN CA Corp	o no. □CA SOS file no.
First name	Initial Last name		Teleph	one
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Address (apt./ste., room, PO box, or PMB r	10.)			
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City (If you have a foreign address, see inst	ructions.)		State	ZIP code
Using black or blue ink, make check or money of on the check or money order. Mail Form 592-A a FRANCHISE TAX BOARD, PO BOX 942867, SACI	nd check or money order to WITH			payment
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		7091183		Form 592-A 2017
	IF NO PAYME	ENT IS DUE, DO NOT MAIL THIS FORM		- — — — DETACH HERE —
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		Foreign Partner or	-	
2018 Member	Withholding			592-A
The withholding agent completes a	`			
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Using black or blue ink, make check or money of				payment
on the check or money order. Mail Form 592-A a FRANCHISE TAX BOARD, PO BOX 942867, SACI		HOLDING SERVICES AND COMPLIANCE MS	182,	
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		7091183		Form 592-A 2017
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TAXABLE YEAR Payment	Voucher for	Foreign Partner or	I Contraction of the second	CALIFORNIA FORM
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2018 Member	Withholding			592-A
The withholding agent completes a	nd files this form.			
For calendar year 2018 or fiscal year b	eginning (mm/dd/yyyy)	, and er	nding (mm/dd/yyyy)	
Installment 3 Due by the 15th da	y of 9th month of taxable y	vear; for weekend or holiday, see ins	tructions.	
Business name	· · · · · ·		FEIN CA Corp	no. CA SOS file no.
First name	Initial Last name		Teleph	one
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	Payment Voucher for F Member Withholding	oreign Partner o	r	592-A
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	18 or fiscal year beginning (mm/dd/yyyy)	and	ending (mm/dd/yyyy)	
	Due by the 15th day of 12th month of taxable y			
Business name				no. □CA SOS file no.
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City (If you have a forei	gn address, see instructions.)		State	ZIP code
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TAXABLE YEAR	Payment Voucher for F			CALIFORNIA FORM
2018	Member Withholding	oreign rartier o	•	592-A
For calendar year 20	018 or fiscal year beginning (mm/dd/yyyy)	, and	ending (mm/dd/yyyy	
Supplemental Payment Voucher	Use this voucher only if you have a final wit Payment Voucher is the same as your origi	hholding payment to remit with Fo	orm 592-F. The due	date of the Supplemental
Business name				no. CA SOS file no.
First name	Initial Last name		Teleph	one
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Address (apt./ste., roor	n, PO box, or PMB no.)			
City (If you have a fore	gn address, see instructions.)		State	ZIP code
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	ake check or money order payable to: "Franchise Tax Boar der. Mail Form 592-A and check or money order to WITHH PO BOX 942867, SACRAMENTO CA 94267-0651			payment
	der. Mail Form 592-A and check or money order to WITHH			ayment