TAXABLE YEARPayment Voucher for Foreign Partner or2019Member Withholding

CALIFORNIA FORM

592-A

The withholding agent completes and	files this form.				
For calendar year 2019 or fiscal year begin	calendar year 2019 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)				
Installment 1 Due by the 15th day of					
Business name			FEIN CA Corp no.	CA SOS file no.	
First name	Initial Last name		Telephone		
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instruct	tions.)		State ZIP of	code	
Using black or blue ink, make check or money order on the check or money order. Mail Form 592-A and c FRANCHISE TAX BOARD, PO BOX 942867, SACRAM	heck or money order to WITHHC			nt	
		7001100			
	I	7091193	FC	orm 592-A 2018	
DETACH HERE				DETACH HERE	
		T IS DUE, DO NOT MAIL THIS FORM			
TAXABLE YEAR Payment V	Joucher for F	oreign Partner or	¢	CALIFORNIA FORM	
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2019 Member W	itnnoiding			592-A	
The withholding agent completes and					
For calendar year 2019 or fiscal year begin	nning (mm/dd/yyyy)	, and er	nding (mm/dd/yyyy)		
	f 6th month of taxable yea	ar; for weekend or holiday, see ins			
Business name			FEIN CA Corp no.	CA SOS file no.	
First name	Initial Last name		Telephone		
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instruct	tione)		State ZIP of		
ony (ii you have a loteigh address, see instruct	10113.)				
Using black or blue ink, make check or money order on the check or money order. Mail Form 592-A and c				nt	
FRANCHISE TAX BOARD, PO BOX 942867, SACRAM	ENTO CA 94267-0651.				
			_		
		7091193	Fc	orm 592-A 2018	
DETACH HERE	IF NO PAYMEN	T IS DUE, DO NOT MAIL THIS FORM		DETACH HERE	
TAXABLE YEAR Payment V	oucher for F	oreign Partner or	•	CALIFORNIA FORM	
2019 Member W	ithholding	-		592-A	
The withholding agent completes and					
For calendar year 2019 or fiscal year begin			nding (mm/dd/yyyy)	·	
Installment 3 Due by the 15th day of Business name	r sin month of taxable yea	ar; for weekend or holiday, see ins	FEIN CA Corp no.	CA SOS file no	
First name	Initial Last name		Telephone		
			()		
Address (apt./ste., room, PO box, or PMB no.)					
· · · · · · · · · · · · · · · · · · ·					
City (If you have a foreign address, see instruct	tions.)		State ZIP of	code	
Using black or blue ink, make check or money order	pavable to: "Franchise Tax Board	." Write the tax ID no. and "2019 Form 592	2-A" Amount of nourse		
on the check or money order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIANCE MS 182,					
FRANCHISE TAX BOARD, PO BOX 942867, SACRAM	ENTU CA 94267-0651.		<u> </u>		
	l I	7091193	Fc	orm 592-A 2018	

Form at bottom of page.

Payment Voucher for Foreign Partner or TAXABLE YEAR **Member Withholding** 2019

DETACH HERE

CALIFORNIA FORM

592-A

DETACH HERE .

The withholding agent completes and files this form.

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

For calendar year 2019 or fiscal year beginning (mm/dd/yyyy), and			and ending (mm/d	ending (mm/dd/yyyy)		
Installment 4	Due by the 15th day of 12th month of taxable y	year; for weekend or holiday, s	see instructions.			
Business name		<u>_</u>	FEIN D	CA Corp	no. □CA SOS file no.	
First name	Initial Last name			Teleph	one	
				(<u>,) , , , , , , ,</u>	
Address (apt./ste., roo	om, PO box, or PMB no.)					
City (If you have a fore	eign address, see instructions.)			State	ZIP code	
on the check or money o	make check or money order payable to: "Franchise Tax Boar order. Mail Form 592-A and check or money order to WITH- D, PO BOX 942867, SACRAMENTO CA 94267-0651.			ount of p	payment	
		7091193			Form 592-A 2018	
DETACH HEF		NT IS DUE, DO NOT MAIL THIS			DETACH HERE	
TAXABLE YEAR	Payment Voucher for F	Foreign Partnei	r or		CALIFORNIA FORM	
2019	Member Withholding	-			592-A	
For calendar year 2	2019 or fiscal year beginning (mm/dd/yyyy)		and ending (mm/o	dd/yyyy))	
Supplemental Payment Voucher	Use this voucher only if you have a final withholding payment to remit with Form 592-F. The due date of the Supplemental Payment Voucher is the same as your original due date for Form 592-F, regardless of extension .					

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Business name	FEIN CA Corp no. CA SOS file no.			
First name	Initial Last name	Telephone		
Address (apt./ste., room, PO box, or PMB no.)				
City (If you have a foreign address, see instruc	tions.)	State ZIP code		
Using black or blue ink, make check or money order on the check or money order. Mail Form 592-A and d	Amount of payment			
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0651				

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