

Payment Voucher for Foreign Partner or Member Withholding

2019

592-A

The withholding agent completes and files this form.

For calendar year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Installment 1 Due by the 15th day of 4th month of taxable year; for weekend or holiday, see instructions.

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 instructions.) _____ State _____ ZIP code _____

Using black or blue ink, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2019 Form 592-A" 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, SACRAMENTO CA 94267-0651.

Amount of payment

7091193

Form 592-A 2018

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM --- DETACH HERE ---

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For calendar year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Installment 2 Due by the 15th day of 6th month of taxable year; for weekend or holiday, see instructions.

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 instructions.) _____ State _____ ZIP code _____

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Installment 3 Due by the 15th day of 9th month of taxable year; for weekend or holiday, see instructions.

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 instructions.) _____ State _____ ZIP code _____

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Form at bottom of page.

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TAXABLE YEAR

Payment Voucher for Foreign Partner or Member Withholding

CALIFORNIA FORM

2019

592-A

The withholding agent completes and files this form.

For calendar year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Installment 4 Due by the 15th day of 12th month of taxable year; for weekend or holiday, see instructions.

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 instructions.) _____ State _____ ZIP code _____

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TAXABLE YEAR

Payment Voucher for Foreign Partner or Member Withholding

CALIFORNIA FORM

2019

592-A

For calendar year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/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.**

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 instructions.) _____ State _____ ZIP code _____

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