

2024**Payment Voucher for Foreign Partner or Member Withholding****592-A****The withholding agent completes and files this form.**

For calendar year 2024 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Payment 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 "2024 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

7091243

Form 592-A 2023

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

TAXABLE YEAR

CALIFORNIA FORM

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Payment 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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Payment 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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For calendar year 2024 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Payment 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 CALIFORNIA FORM

2024 Payment Voucher for Foreign Partner or Member Withholding 592-A

For calendar year 2024 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Check the box to indicate how Form 592-F was submitted (check only one box): ☐ Electronic ☐ Paper

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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Amount of payment

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