TAXABLE YEAR CALIFORNIA FORM

2024 Payment Voucher for Foreign Partner or Member Withholding

592-A

The withholding a	gent completes and files t	his form.								
For calendar year 2	2024 or fiscal year beginning				ending (mm/	dd/yyyy)				
Payment 1	Due by the 15th day of 4th	n month of taxable year; for v	veekend or holiday, see ins	structions.						
Business name	ss name						☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.			
First name	Initial Last name				Telephone					
Address (apt./ste.,	room, PO box, or PMB no.)					1				
City (If you have a	foreign address, see instructi	ions.)				State	ZIP code			
on the check or mone		payable to: "Franchise Tax Board heck or money order to WITHHO ENTO CA 94267-0651.				ount of pa	iyment			
			7091243				Form 592-A 2023			
DETACH H	IERE	IF NO PAYMEN	T IS DUE, DO NOT MAIL	THIS FORM			DETACH HERE CALIFORNIA FORM			
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2024		ucher for Foreig	in Partner or i	<u>nembe</u>	r withn	lolali	ng 592-A			
	gent completes and files to 2024 or fiscal year beginning			and	ending (mm/	dd(\nnn)				
Payment 2	1 , 0	n month of taxable vear; for v	veekend or holiday, see ins		ending (mm/	au/yyyy)				
Business name	Buo by the four day of ou	Timental of taxable year, for t	reacting of Heliady, ede inc	, a dottorioi	☐ FEIN ☐	CA Corp	no. CA SOS file no.			
First name		Initial Last name				Telepho	one			
Address (apt./ste.,	room, PO box, or PMB no.)									
City (If you have a	foreign address, see instructi	ions.)				State	ZIP code			
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2024	_	ucher for Foreig	ın Partner or N	l embe	r Withh	oldi				
The withholding a	gent completes and files t						-			
For calendar year 2	2024 or fiscal year beginning	ı (mm/dd/yyyy)		, and	ending (mm/	dd/yyyy)				
Payment 3	Due by the 15th day of 9th	n month of taxable year; for v	veekend or holiday, see ins	structions.						
Business name					☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.					
First name		Initial Last name				Telepho	one			
Address (apt./ste.,	room, PO box, or PMB no.)	1				ı				
City (If you have a foreign address, see instructions.)						State	tate ZIP code			
on the check or mone	nk, make check or money order p yy order. Mail Form 592-A and c RD, PO BOX 942867, SACRAMI	payable to: "Franchise Tax Board heck or money order to WITHHO ENTO CA 94267-0651.	1." Write the tax ID no. and "2 DLDING SERVICES AND COM	024 Form 592 PLIANCE MS ⁻	-A" Amo	ount of pa	lyment			

7091243

Form 592-A 2023

Form at bottom of page.

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TAXABLE YEAR					CALIFORNIA FORM		
2024 Payment V	oucher for Foreig	n Partner or I	Member Wit	thholding	592-A		
he withholding agent completes and file	s this form.						
or calendar year 2024 or fiscal year beginn	iing (mm/dd/yyyy)		, and ending (mm/dd/yyyy)			
ayment 4 Due by the 15th day of	12th month of taxable year; for	weekend or holiday, see in	nstructions.				
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DETACH HERE TAXABLE YEAR	IF NO PAYMEN	IT IS DUE, DO NOT MAIL	THIS FORM		DETACH HERE CALIFORNIA FORM		
2024 Payment Vo	oucher for Foreig	yn Partner or I	Member Wit	thholding	592-A		
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heck the box to indicate how Form 592-F was		<u>'</u>	□ Paper		15 11 11		
upplemental Use this voucher of same as your orig	only if you have a final withholdir inal due date for Form 592-F, r	ng payment to remit with Fe	orm 592-F. The due o	late of the Supplementa	al Payment Voucher is the		
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rst name	Initial Last name			Telephone			
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ity (If you have a foreign address, see instr	uctions)			State ZIP code			
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sing black or blue ink, make check or money ord I the check or money order. Mail Form 592-A an RANCHISE TAX BOARD, PO BOX 942867, SACRA	d check or money order to WITHHO			Amount of payment			

7091243 Form 592-A 2023