# Payment Voucher for Foreign Partner or Member Withholding

CALIFORNIA FORM

592-A

The withholding agent compl			1 B / / / / /	
For calendar year 2019 or fiscal	, , , , , , , , , , , , , , , , , , , ,		and ending (mm/dd/yyyy)	
	15th day of 4th month of taxable	year; for weekend or holiday, s		
Business name			☐ FEIN ☐ CA Corp	no.   CA SOS file no.
First name	Initial Last name		Telepho	nne
Tistname	linual Last Harrie		reiepiik	Sile
Address (apt./ste., room, PO box, or	r PMB no.)			
7 tadroso (apt./oto., room, r o box, or	1 110.1			
City (If you have a foreign address,	see instructions.)		State	ZIP code
city (ii you have a loreigh dadress,	see men denemen,		J Table	
Heine block on blue into make about an wall	proper audeu perchia der "Franchica Ter D	and " Write the text ID no and "0010 F	Taura 500 A"	
on the check or money order. Mail Form FRANCHISE TAX BOARD, PO BOX 94286	noney order payable to: "Franchise Tax B 592-A and check or money order to WIT 67, SACRAMENTO CA 94267-0651.	HHOLDING SERVICES AND COMPLIAN	orm 592-A" Amount of p NCE MS 182,	ayment
		-		
	613	7091194		Form 592-A 2018
DETACH HERE	IF NO PAYM	IENT IS DUE, DO NOT MAIL THIS	FORM	DETACH HERE
TAXABLE YEAR Davm	ent Voucher for	Foreign Dartne	r Or	CALIFORNIA FORM
		i orcigii r artiic	1 01	
2019 Memb	per Withholding			592-A
The withholding agent compl	etes and files this form.			
For calendar year 2019 or fiscal	year beginning (mm/dd/yyyy)		and ending (mm/dd/yyyy)	
Installment 2 Due by the 1	15th day of 6th month of taxable	year; for weekend or holiday, s	see instructions.	
Business name		<u>, , , , , , , , , , , , , , , , , , , </u>		no. □CA SOS file no.
First name	Initial Last name		Telepho	one
				. )
Address (apt./ste., room, PO box, or	r PMB no.)			
City (If you have a foreign address, see instructions.)		State	ZIP code	
				<del>.</del>
Using black or blue ink, make check or r	money order payable to: "Franchise Tax B	oard." Write the tax ID no. and "2019 F	form 592-A" Amount of p	avment
on the check or money order. Mail Form FRANCHISE TAX BOARD, PO BOX 94286	592-A and check or money order to WIT	HHOLDING SERVICES AND COMPLIAN	NCE MS 182,	
THANGINGE TAX BOAND, TO BOX 94200	77, SACHAMENTO GA 94207-0031.			<u> </u>
	C12	7091194		Form F00 A 0010
_	613	7091194		Form 592-A 2018
DETACH HERE	IF NO PAYM	IENT IS DUE, DO NOT MAIL THIS	FORM	DETACH HERE
TAXABLE YEAR DOVING	ont Voughor for	Earoian Dartno	н он	CALIFORNIA FORM
	ent Voucher for	roreign Partile	ror	
2019 Memb	per Withholding			592-A
The withholding agent compl				
For calendar year 2019 or fiscal			and ending (mm/dd/yyyy)	
Installment 3 Due by the 15th day of 9th month of taxable year; for weekend or holiday, see instri			<u> </u>	
Business name	our day or our monur or taxable	Joan, for frontiera of frontag, o		no.   CA SOS file no.
First name	Initial Last name		Telepho	one
				_
Address (apt./ste., room, PO box, or	r PMB no.)			
City (If you have a foreign address,	see instructions.)		State	ZIP code
				_
Using black or blue ink, make check or r	money order payable to: "Franchise Tax B	oard " Write the tax ID no. and "2010 F	form 592-A" Amount of a	ovmont
on the check or money order. Mail Form	592-A and check or money order to WIT			ayın <del>c</del> ııı
FRANCHISE TAX BOARD, PO BOX 94286	37, SACRAMENTO CA 94267-0651.		1 1 1	

## Form at bottom of page.

DETACH HE	RE	IF NO PAYME	NT IS DUE, DO NOT MAI	IL THIS FORM			. — — .	DETACH HERE
TAXABLE YEAR	<b>Payment Vo</b>	ucher for F	oreign Par	tner or				CALIFORNIA FORM
2019	Member Wit		01019111411					592-A
	agent completes and file							
	2019 or fiscal year beginnin			•	ding (mm/c	ld/yyyy)		
	Due by the 15th day of 12	th month of taxable y	year; for weekend or h	oliday, see ins		04.0	004	SOS file no.
Business name					□FEIN □	CA Corp	no. ⊔CA	SOS file no.
First name	Ini	ial Last name				Telepho	one	
Address (apt./ste., ro	om, PO box, or PMB no.)					N		
City (If you have a for	eign address, see instructions	5.)				State	ZIP code	
on the check or money	make check or money order pays order. Mail Form 592-A and checl D, PO BOX 942867, SACRAMENT	or money order to WITHH				ount of p	payment	p 1 1 1 1 1 1
		613	7091194				Form	592-A 2018
DETACH HE			NT IS DUE, DO NOT MA					DETACH HERE
TAXABLE YEAR	Payment Vo		oreign Par	tner or				CALIFORNIA FORM
2019	<b>Member Wit</b>	hholding						592-A
For calendar year	2019 or fiscal year beginni	ng (mm/dd/yyyy)		, and er	nding (mm/	dd/yyyy)	)	00=11
Supplemental Payment Voucher	1		thholding payment to r					e Supplemental
Business name					□FEIN □	CA Corp	no. $\square$ CA	SOS file no.
First name	Ini	ial Last name				Telepho	one	
Address (apt./ste., ro	om, PO box, or PMB no.)						. /	
City (If you have a for	eign address, see instructions	S.)				State	ZIP code	· · · · · · · · · · · · · · · · · · ·
on the check or money	make check or money order pays order. Mail Form 592-A and check D, PO BOX 942867, SACRAMENT	or money order to WITHH				ount of p	ayment	

613 7091194 Form 592-A 2018

## 2019 Instructions for Form 592-A

Payment Voucher for Foreign Partner or Member Withholding

References in these instructions are to the Internal Revenue Code (IRC) as of January 1, 2015, and to the California Revenue and Taxation Code (R&TC).

#### **General Information**

California Revenue and Taxation Code (R&TC) Section 18666 requires withholding on income from California sources, which is allocated to foreign partners. R&TC Section 18666 generally conforms to federal IRC Section 1446 to the extent that the income is from California sources. For foreign (non-U.S.) partners or members, the withholding rate is the maximum California tax rate applicable to the partner or member (currently, 8.84% for corporations, 10.84% for banks and financial institutions, and 12.3% for all others).

## **Purpose**

Use Form 592-A, Payment Voucher for Foreign Partner or Member Withholding, to remit the following payments to the Franchise Tax Board (FTB), as reported on Form 592-F, Foreign Partner or Member Annual

- Partnership or limited liability company (LLC) California source withholding payments made to foreign (non-U.S.) partners or members.
- The balance due on partnership or LLC California source income or gain allocable under Internal Revenue Code (IRC) Section 704 to foreign (non-U.S.) partners or members.
- Backup withholding payments. Backup withholding supersedes all types of withholding. For more information on backup withholding, go to ftb.ca.gov and search for backup withholding.

At the close of the taxable year, the partnership or LLC completes Form 592-F, to report the total withholding for the year and allocate the income or gain and related withholding to foreign partners or members. A completed Form(s) 592-B, Resident and Nonresident Withholding Tax Statement, must be provided to the payees.

Supplemental Payment Voucher - If there is a balance due on Form 592-F, submit the Supplemental Payment Voucher from Form 592-A and Form 592-F with the payment at the same time.

Do not use Form 592-A to report tax withheld on domestic nonresident partners or members. For more information regarding reporting tax withheld on domestic nonresident partners or members, get Form 592, Resident and Nonresident Withholding Statement.

Use Form 592-A for calendar year 2019 or fiscal years beginning in 2019. Use the vouchers to remit payment by check or money order only.

## When to Pav

Payments with Form 592-A are due to the FTB on the 15th day of the 4th, 6th, 9th, and 12th month of the partnership's or LLC's taxable year. If there is a balance due on Form 592-F, line 8, remit payment with the Supplemental Payment Voucher provided. The Supplemental Payment Voucher and payment are due by the original due date of Form 592-F, regardless of extension.

When a due date falls on a weekend or holiday, the deadline to file and pay is extended to the next business day.

## Instructions

Form 592-A has five payment vouchers. The first four installment vouchers are submitted with each of the four withholding payments throughout the year. The fifth voucher is a supplemental payment voucher. The supplemental payment voucher is only submitted when Form 592-F has a balance due.

The withholding agent completes this form. The withholding agent information on Form 592-A must match the information reported to the FTB on Form(s) 592-F.

Using black or blue ink, enter the withholding agent's name, and federal employer identification number (FEIN), California corporation number (CA Corp no.), or California Secretary of State (CA SOS) file number of the partnership or LLC in the spaces provided. To ensure timely and proper application of the payment, verify that all of the information entered is complete.

Private Mail Box (PMB) - Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Follow the country's practice for entering the city, county, province, state, country, and postal code, as applicable, in the appropriate boxes. **Do not** abbreviate the country name.

Enter the payment amount that represents withholding on partnership or LLC income or gain allocable under IRC Section 704 to foreign (non-U.S.) partners or members. If you have withholding for domestic and foreign partners or members, you can use the Installment Payment Worksheet that follows these instructions to figure the required installment payment amounts of withholding for foreign partners or members. For more information about withholding on foreign partners or members, get FTB Pub.1017, Resident and Nonresident Withholding Guidelines.

## Where to File

Using black or blue ink, make your check or money order payable to: "Franchise Tax Board." Write your FEIN, CA Corp no., or CA SOS file number, and "2019 Form 592-A" on it. Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

If you are remitting payment only, detach the appropriate installment voucher from Form 592-A and enclose, but **do not** staple, the payment with the voucher and mail to:

WITHHOLDING SERVICES AND COMPLIANCE MS F182 FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0651

If you are submitting Form 592-F with a payment, enclose but do not staple, Form 592-F, the Supplemental Payment Voucher from Form 592-A, and your payment, and mail to the address above.

The withholding agent retains a copy of this form for a minimum of five years and must provide it to the FTB upon request.

#### Interest and Penalties

Interest and penalties will be assessed on late payments of withholding, unless failure was due to reasonable cause. Interest is computed from the due date of the withholding to the date paid. For more information, get FTB 1150, Withhold at Source Penalty Information.

## **Installment Payment Worksheet**

for Foreign Partner or Member Withholding (Keep for your records. Do not send to the FTB.)

Complete only if the partnership or LLC has foreign (non-U.S.) partners or members.

Complete column (a) before going to the next column		(a) 1st Installment	(b) 2nd Installment	(c) 3rd Installment	(d) 4th Installment
			First 3 months	First 6 months	First 9 months
1 Enter the partnership's or LLC's California source taxable income for					
each period	1				
			4	2	1.33333
2 Annualization amounts			4		1.33333
3 Multiply line 1 by line 2	3				
		First 3 months	First 5 months	First 8 months	First 11 months
4 Enter the partnership's or LLC's California source taxable income for					
each period	4				
<b>5</b> Annualization amounts		4	2.4	1.5	1.09091
<b>6</b> Multiply line 4 by line 5	6				
7 Annualized California source taxable income. In column (a), enter the					
amount from line 6, column (a). In columns (b), (c), and (d), enter the					
	7				
smaller of the amounts from line 3 or line 6 in each column					
8 Foreign partner's or member's share of line 7 (annualized California source					
taxable income)	8				
9 Multiply line 8 by maximum tax rate	9				
10 Applicable percentage	10	23.75%	47.5%	71.25%	95%
11 Multiply line 9 by the percentage on line 10	11				
12 (a)	12(	Zero			
12 (a)	12(	2)			
(b) Fatouble account form line 40 column (c)	40/	- \			
<b>(b)</b> Enter the amount from line 13, column (a)	12(	0)			
(c) Enter the sum of line 13, column (a) and line 13, column (b)	12(	c)			
(d) Enter the sum of line 13, column (a); line 13, column (b);					
and line 13, column (c)	12(	d)			
13 Installment payments of withholding tax due for foreign partners or					
members. Subtract line 12 from line 11. If less than zero, enter -0	13				
		•			

Using this installment payment worksheet and timely paying the calculated amounts protects you from penalties for underpayment. However, if there is a balance due on Form 592-F at the end of the year, submit the final payment using the Form 592-A Supplemental Payment Voucher, and the completed Form 592-F. If you know exactly what the foreign partner's or member's share of California source partnership or LLC income is, you can calculate the payment by multiplying the partner's or member's allocable share of California source taxable income by the maximum tax rate (currently, 8.84% for corporations, 10.84% for banks and financial institutions, and 12.3% for all others) instead of using this worksheet.