2023 Payment Voucher for Foreign Partner or Member Withholding

| The withholding ag | gent completes and files t | his for | m | | | |
|------------------------|--------------------------------|---------|--|--------------|-------------|--------------------------------|
| For calendar year 2 | 2023 or fiscal year beginning | g (mm/ | ld/yyyy), and | ending (mm/d | d/yyyy) | · |
| Payment 1 | Due by the 15th day of 4t | h mont | n of taxable year; for weekend or holiday, see instructions. | | | |
| Business name | 1 | | | | A Corp | o no. 🗌 CA SOS file no. |
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| First name | | Initial | Last name | | Teleph | one |
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| Address (apt /sta r | oom, PO box, or PMB no.) | | | | | |
| Audress (apr./sie., in | | | | | | |
| <u></u> | | | | | <u></u> | 1710 |
| City (If you have a fo | oreign address, see instruct | ions.) | | | State | ZIP code |
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| on the check or mone | | heck or | to: "Franchise Tax Board." Write the tax ID no. and "2023 Form 592 money order to WITHHOLDING SERVICES AND COMPLIANCE MS A 94267-0651. | | unt of pa | ayment |
| | | | 7091233 | 2 | | Form 592-A 2022 |
| | ere <u> </u> | | IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM | | | DETACH HERE |
| TAXABLE YEAR | _ | | | | | CALIFORNIA FORM |
| 2023 | Payment Vo | uch | er for Foreign Partner or Membe | r Withh | oldi | ng 592-A |
| The withholding ag | gent completes and files t | his for | m. | | | |
| | 023 or fiscal year beginning | | | endina (mm/d | d/yyyy) | |
| Payment 2 | Due by the 15th day of 6t | h mont | n of taxable year; for weekend or holiday, see instructions. | | | |
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| Dusiness name | | | | | ACOP | 1 ho. \Box CA SOS life ho. |
| <u>-</u> | | 1 | | | | |
| First name | | Initial | Last name | | Teleph | one |
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| on the check or money | | heck or | to: "Franchise Tax Board." Write the tax ID no. and "2023 Form 592 money order to WITHHOLDING SERVICES AND COMPLIANCE MS A 94267-0651. | | unt of pa | ayment |
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| DETACH HI | ere | | IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM | | | DETACH HERE |
| TAXABLE YEAR | | | | | | CALIFORNIA FORM |
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| 202 3 | Payment Vo | uch | er for Foreign Partner or Membe | r Withh | oldi | ng 592-A |
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| | 023 or fiscal year beginning | | | ending (mm/d | d/\nnn/) | |
| | | | | ending (mm/d | u/yyyy) | · |
| Payment 3 | Due by the 15th day of 9t | n mont | of taxable year; for weekend or holiday, see instructions. | | | |
| Business name | | | | | A Corp | o no. 🗌 CA SOS file no. |
| | | | | | | |
| First name | | Initial | Last name | | Teleph | one |
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| | | | | | | |
| City (If you have a fo | oreign address, see instruct | ions.) | | | State | ZIP code |
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| Using black or blue in | k make check or money order | navahle | to: "Franchise Tax Board." Write the tax ID no. and "2023 Form 592 | -A" Δmo | unt of pa | avment |
| on the check or money | y order. Mail Form 592-A and c | heck or | money order to WITHHOLDING SERVICES AND COMPLIANCE MS | | | -, · |
| FRANCHISE TAX BOAR | RD, PO BOX 942867, SACRAM | ENTO C | A 94267-0651. | | | |
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| | | | 70912 3 3 | | | Form 592-A 202 2 |

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| Supplemental | Idicate how Form 592-F was s | | | Electronic | Paper FOR E The due | data of the Su | oplemental Payment Voucher is th | | |
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| City (If you have a | foreign address, see instruct | ions.) | | | | State | ZIP code | | |
| on the check or mon | nk, make check or money order ey order. Mail Form 592-A and c ARD, PO BOX 942867, SACRAM | heck or | money order to WITHHOLDING | | | Amount of pay | yment | | |
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