TAXABLE YEAR \_\_\_\_\_CALIFORNIA FORM

2023 Payment Voucher for Pass-Through Entity Withholding

592-Q

| The withholding a                                       | gent completes and files t  | his form.   |                    |                 |                  |             |             |           |              |                      | _  |
|---|---|-------------|--------------------|-----------------|------------------|-------------|-------------|-----------|--------------|----------------------|--|
| Payment 1   | Due by April 18, 2023; for  |             | r holiday, see in: | structions.     |                  |             |             |           |              |                      |  |
|   |   |             |                    |                 |                  |             |             | r ITIN    |              |                      |  |
| First name Initial Last name                            |   |             |                    |                 |                  | I           | Telephone   |           |              |                      |  |
| Address (apt./ste., r                                   | room, PO box, or PMB no.)   |             |                    |                 |                  |             |             |           |              |                      |  |
| City (If you have a f                                   | oreign address, see instruct  | tions.)     |                    |                 |                  |             |             | State     | ZIP code     |                      |  |
| on the check or mone                                    | k, make check or money order<br>y order. Mail Form 592-Q and c<br>RD, PO BOX 942867, SACRAM | heck or mor | ey order to WITHI  |                 |                  |             |             | unt of pa | yment        |                      |  |
| For Priv  | racy Notice, get FTB 1131 I   | EN-SP.      |                    | 86212           | 2 <del>3</del> 3 |             | 2           |           | Form 592     | 2-Q 202 <del>2</del> |  |
|   | ERE   |             | , IF NO PAYME      | NT IS DUE, DO   | NOT MAIL         | THIS FORM . | _           |           |              | DETACH HERE          |  |
| 2023  | –<br>Payment Voi  | ucher       | for Pass           | -Through        | ı Entity         | y Withh     | olding      |           | ) ~          | 592-0                |  |
| The withholding a                                       | gent completes and files t  |             |                    |                 |                  |             |             |           |              |                      |  |
| Payment 2   | Due by June 15, 2023; for   | weekend o   | or holiday, see in | nstructions.    |                  |             |             |           |              |                      |  |
| Business name   |   |             |                    |                 |                  |             | SSN or IT   | IN D FI   | EIN ☐ CA Cor | p no. 🗌 CA SOS       | S file no.                                   |
| First name  |   | Initial Las | t name             |                 |                  |             |             | Telepho   | one          |                      |  |
| Address (apt./ste., r                                   | room, PO box, or PMB no.)   |             |                    |                 | 1                |             | · ·         |           |              |                      |  |
| City (If you have a f                                   | oreign address, see instruct  | tions.)     |                    |                 |                  |             |             | State     | ZIP code     |                      |  |
| on the check or mone                                    | k, make check or money order<br>y order. Mail Form 592-0 and c<br>RD, PO BOX 942867, SACRAM | heck or mon | ey order to WITH   |                 |                  |             |             | unt of pa | yment        |                      |  |
| For Priv  | vacy Notice, get FTB 1131 I   | N-SP.       |                    | 86212           | 2 <del>3</del> 3 |             | -           |           | Form 592     | 2-Q 202 <del>2</del> |  |
| DETACH H  | ERE   |             | IF NO PAYME        | NT IS DUE, DO   | NOT MAIL         | THIS FORM . |             |           |              | DETACH HERE _        |  |
| TAXABLE YEAR  | _   |             |                    |                 |                  |             |             |           | -            | CALIFORNIA F         | ORM  |
| 2023  | Payment Vo  |             | for Pass           | -Through        | n Entity         | y Withh     | olding      |           |              | 592-0                | <u>)                                    </u> |
|   | gent completes and files t  |             |                    |                 |                  |             |             |           |              |                      |  |
| Payment 3 Business name                                 | Due by September 15, 20   | 23; for wee | kend or holiday,   | see instruction | S                |             | ☐ SSN or IT | IN 🗆 FI   | EIN □ CA Cor | p no. 🗆 CA SOS       | S file no.                                   |
| First name  |   | Initial Las | t name             |                 |                  |             |             | Telepho   | one          |                      |  |
| Address (apt./ste., r                                   | room, PO box, or PMB no.)   |             |                    |                 |                  |             |             |           |              |                      |  |
| City (If you have a foreign address, see instructions.) |   |             |                    |                 |                  |             |             | State     | ZIP code     |                      |  |
| on the check or mone                                    | k, make check or money order<br>y order. Mail Form 592-Q and c<br>RD, PO BOX 942867, SACRAM | heck or mon | ey order to WITHI  |                 |                  |             |             | unt of pa | yment        | _                    |  |
|   |   |             |                    |                 |                  |             |             |           |              |                      |  |

## Form at bottom of page.

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|---------------------------------|------------------------------|-------------------|---|---------------------------------------|-----------------------|--------------------|-------------------|
| DETACH H                        | HERE                         | IF                | NO PAYMENT IS DUE, DO   | NOT MAIL THIS FORM                    | <b>U</b>              | DETA               | ACH HERE          |
| TAXABLE YEAR                    | <u>L</u>                     |                   | 4   |                                       |                       | CAL                | IFORNIA FORM      |
| 2023                            | Dayment Vo                   | ucher foi         | r Pass-Through  | <b>Entity Withk</b>                   | olding                |                    | 592-Q             |
|                                 | agent completes and files    |                   | - 1 433-111104gii   | Literary Witchin                      | ioidilig              |                    | <del>332-Q</del>  |
| Payment 4                       |                              |                   | holiday, see instructions.  | · · · · · · · · · · · · · · · · · · · | $\overline{\Lambda}$  |                    |                   |
| Business name                   | ,, ,                         |                   |   | 1                                     | SSN or ITIN DE        | EIN CA Corp no.    | CA SOS file no.   |
|                                 |                              |                   |   |                                       |                       |                    |                   |
| First name                      |                              | Initial Last nar  | ne  |                                       | Teleph                | one                |                   |
| Address (apt./ste.,             | room, PO box, or PMB no.)    |                   |   | // \                                  |                       |                    |                   |
| City (If you have a             | foreign address, see instruc | tions.)           | > 0   |                                       | State                 | ZIP code           |                   |
| on the check or mone            |                              | check or money or | chise Tax Board." Write the tax IE<br>rder to WITHHOLDING SERVICE<br>10651. |                                       |                       | ayment             |                   |
| For Pri                         | vacy Notice, get FTB 1131    | EN-SP.            | 86212   | <del>3</del> 3                        | _                     | Form 592-Q         | 2022              |
|                                 |                              |                   |   |                                       |                       |                    |                   |
| DETACH F                        | HERE                         | IF                | NO PAYMENT IS DUE, DO I   | NOT MAIL THIS FORM                    |                       | DETA               | ACH HERE          |
| TAXABLE YEAR                    | <u> </u>                     | C                 |   |                                       |                       | CAL                | IFORNIA FORM      |
| 2023                            | Payment Vo                   | ucher fo          | Pass-Through  | <b>Entity Withh</b>                   | olding                |                    | 592-Q             |
|                                 |                              |                   | ck only one box):   Electr  | <u> </u>                              |                       |                    |                   |
| Supplemental<br>Payment Voucher |                              |                   | nal withholding payment to re<br>for Form 592-PTE, <b>regardles</b>         |                                       | . The due date of the | Supplemental Paym  | ent Voucher is    |
| Business name                   |                              |                   |   |                                       | ☐ SSN or ITIN ☐ F     | FEIN   CA Corp no. | ☐ CA SOS file no. |
| First name                      |                              | Initial Last nar  | me  |                                       | Teleph                | one                |                   |
| Address (apt./ste.,             | room, PO box, or PMB no.)    |                   |   |                                       |                       |                    |                   |
| City (If you have a             | foreign address, see instruc | tions.)           |   |                                       | State                 | ZIP code           |                   |
| on the check or mone            |                              | check or money or | chise Tax Board." Write the tax IE<br>der to WITHHOLDING SERVICE<br>2651.   |                                       |                       | ayment             |                   |
| For Pri                         | vacy Notice, get FTB 1131    | EN-SP.            | 86212   | <del>3</del> ,3                       |                       | Form 592-Q         | 2022              |