## **2024** Payment Voucher for Foreign Partner or Member Withholding

The withholding ag	gent completes and files t	his for	m.				
For calendar year 2	024 or fiscal year beginning	g (mm/o	dd/yyyy), and e	ending (mm/d	d/yyyy)	·	
Payment 1	Due by the 15th day of 4th	h mont	h of taxable year; for weekend or holiday, see instructions.				
Business name	1				A Corp	no. CA SOS file no.	
First name		Initial	Last name		Teleph		
Thathame		innuar	Lasthano		Telephone		
Address (apt./ste., re	oom, PO box, or PMB no.)						
City (If you have a fo	preign address, see instruct	ions.)			State	ZIP code	
on the check or money		heck or	to: "Franchise Tax Board." Write the tax ID no. and "2024 Form 592 money order to WITHHOLDING SERVICES AND COMPLIANCE MS 1 A 94267-0651.		unt of pa	ayment	
			7091243	2		Form 592-A 202 <del>3</del>	
	ERE		IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM				
TAXABLE YEAR	_					CALIFORNIA FORM	
2024	Davmont Vo	ich	er for Foreign Partner or Membe	, Withh	a lafi	ng <b>592-A</b>	
2027	Payment vo	ICII	er for Foreign Partner of men be	r within	ului	ing 592-A	
The withholding ag	gent completes and files t	his for	m.				
For calendar year 2	024 or fiscal year beginning	) (mm/o	dd/yyyy), and e	ending (mm/d	d/yyyy)		
Payment 2	Due by the 15th day of 6th	h mont	h of taxable year; for weekend or holiday, see instructions.				
Business name	, ,				A Corn	no. 🗆 CA SOS file no.	
Duoinoco namo							
<u> </u>		1			<del>.</del>		
First name		Initial	Last name		Teleph	one	
Address (apt./ste., re	oom, PO box, or PMB no.)						
City (If you have a fo	oreign address, see instruct	ions.)			State	ZIP code	
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on the check or money		heck or	to: "Franchise Tax Board." Write the tax ID no. and "2024 Form 592- money order to WITHHOLDING SERVICES AND COMPLIANCE MS 1 A 94267-0651.		int of pa	ayment	
				-		E 500 A 0000	
			7091243			Form 592-A 202 <del>3</del>	
DETACH HE	ERE		IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM			DETACH HERE	
TAXABLE YEAR						CALIFORNIA FORM	
		_					
2024	Payment Vol	JCh	er for Foreign Partner or Membe	r Withh	oldi	ng 592-A	
	gent completes and files t	hie for	m			•	
	024 or fiscal year beginning			ending (mm/d	d/\vvvv		
				uning (mm/d	u, уууу)	· · ·	
Payment 3	Due by the 15th day of 9th	n mont	of taxable year; for weekend or holiday, see instructions.				
Business name					A Corp	no. 🗆 CA SOS file no.	
First name		Initial	Last name		Teleph	one	
Address (ant /ste r	oom, PO box, or PMB no.)						
	,						
011 /11					01.1	710	
City (if you have a fo	preign address, see instruct	ions.)			State	ZIP code	
Using black or blue inl	k, make check or monev order	payable	to: "Franchise Tax Board." Write the tax ID no. and "2024 Form 592-	-A" Amou	int of pa	ayment	
on the check or money	/ order. Mail Form 592-A and c	heck or	money order to WITHHOLDING SERVICES AND COMPLIANCE MS 1		1.5	-	
FRANCHISE TAX BOAF	RD, PO BOX 942867, SACRAM	ENIÚC	A 94207-U651.			e	
			70912 <b>4</b> 3			Form 592-A 202 <del>3</del>	

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DETACH	HERE		IF NO PAYMENT IS I	DUE, DO NOT MA	IL THIS FORM	X	-	DETACH HERE	
TAXABLE YEAF				.,				CALIFORNIA FORM	
2024	Payment Vo	oucher f	or Foreign F	Partner or	Member	Withhold	ing V	592-A	
	agent completes and files								
	2024 or fiscal year beginni					nding (mm/dd/yyy	y)		
Payment 4	Due by the 15th day of	12th month of ta	axable year; for week	end or holiday, see	e instructions.				
Business name				$\bigcirc$		🗆 FEIN 🗅 CA Co	rp no. 🗆 CA S	SOS file no.	
First name		Initial Last r	name	)		Telep	hone		
Address (apt./ste.,	room, PO box, or PMB no.	.)		Λ					
City (If you have a	foreign address, see instru	uctions.)				State	ZIP code		
DETACH I				091243 Due, do not ma	IL THIS FORM			592-A 2023	
2024	Payment Vo	oucher f	or Foreign F	Partner or	Member	Withhold	ing	592-A	
For calendar year	2024 or fiscal year beginni	ing (mm/dd/yyy	y)		, and e	nding (mm/dd/yyy	y)		
	dicate how Form 592-F was		• •	Electronic		- due det - Cit - C			
Supplemental Payment Voucher Business name	same as your origi	nal due date fo	or Form 592-F, <b>regard</b>	lless of extension	ı.	FEIN CA Co		Payment Voucher is the SOS file no.	
First name		Initial Last r	name			Telep	hone		
Address (apt./ste.,	room, PO box, or PMB no.	.)				I			
City (If you have a	foreign address, see instru	ictions.)				State	ZIP code		
on the check or mon	nk, make check or money ord ey order. Mail Form 592-A and ARD, PO BOX 942867, SACRA	d check or money	order to WITHHOLDING				payment		
			7	0912 <mark>4</mark> 3			Form	592-A 202 <del>3</del>	