# 2019 Instructions for Form 592-V

Payment Voucher for Resident and Nonresident Withholding

# **General Information**

Use Form 592-V, Payment Voucher for Resident and Nonresident Withholding, to remit withholding payments reported on Form 592, Resident and Nonresident Withholding Statement, to the Franchise Tax Board (FTB). Use the voucher below to remit payment by check or money order only, whether Form 592 is submitted electronically or by mail.

Use Form 592-V to remit 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**.

**Do not** use Form 592-V to remit payments when there is a balance due on Form 592-F, Foreign Partner or Member Annual Return. For more information, get Form 592-F.

# When To Pay

Remit withholding payments by the dates shown below:

1st payment Ap	ril 15, 2019
2nd payment Jul	
3rd payment Septemb	er 16, 2019
4th payment Janua	ry 15, 2020

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

The withholding agent must send Form 592-V with the payment of tax withheld, along with Form 592, to the FTB.

## Instructions

The withholding agent completes this form. The withholding agent is the person or entity that has the control, receipt, custody, disposal, or payment of California source income of a person subject to withholding. The withholding agent information on Form 592-V must match the information reported to the FTB on Form(s) 592.

Using black or blue ink, enter the withholding agent's business or individual name, address, taxpayer identification number, the amount of payment, and telephone number in the designated spaces. Print all names and words in CAPITAL LETTERS. 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.

Check the appropriate box for **Electronic** or **Paper**, depending on how Form 592 is submitted. **Check only one box**.

Enter the total number of payees reported on Form 592.

## Where to File

Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the withholding agent's identification number and "2019 Form 592-V" on the check or money order.

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

- If Form 592 is submitted by mail, detach the payment voucher from the bottom of this page and enclose, but do not staple, Form 592 and Form 592-V, along with check or money order, and mail to the address below.
- If Form 592 is submitted electronically, detach the payment voucher from the bottom of this page and enclose, but do not staple, Form 592-V, along with check or money order, and mail to:

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

**Do not** mail paper copies of Form 592 to the FTB if submitted electronically.

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.

DETACH HERE	— IF NO PAYMENT IS DUE, DO NOT MAIL THIS VO	OUCHER — — — — DETACH HERE
TAXABLE YEAR Payment Vo	ucher for Resident and	CALIFORNIA FORM
2019 Nonresident	ucher for Resident and Withholding	592-V
Check the box to indicate how Form 592 w Complete voucher using withholding agen	ras submitted (check only one box):   Electronic  Paper t information from Form 592, Part I.	Total number of payees reported
Business name		□SSN or ITIN □FEIN □CA Corp no. □CA SOS file no.
First name	Initial Last name	Telephone
Address (apt./ste, room, PO box, or PMB no.)		
City (If you have a foreign address, see instruction	ons.)	State ZIP code
<b>Do not</b> mail a paper copy of the electronically fluid Mailing a paper copy of your electronically fluid flu	ly filed Form 592 with the payment voucher. iled Form 592 may cause a delay in processing.	Amount of payment

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