## Payment Voucher for Foreign Partner or Member Withholding

CALIFORNIA FORM

592-A

| The withholding        | agent completes and f   | iles this form.   |                           |                 |             |   |  |  |
|------------------------|---|---|---------------------------|-----------------|-------------|---|--|--|
| For calendar year      |   |   |                           |                 |             |   |  |  |
| Installment 1          | year 2018 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)  1 Due by the 15th day of 4th month of taxable year; for weekend or holiday, see instructions. |   |                           |                 |             |   |  |  |
| Business name          |   |   |                           | □FE             | IN □CA Corp | no. □CA SOS file no.                          |  |  |
| First name             |   | Initial Last name   |                           |                 | Telepho     | one   |  |  |
| Address (apt./ste., r  | oom, PO box, or PMB no.)  |   |                           |                 | (           | . )   |  |  |
|                        |   |   |                           |                 |             |   |  |  |
| City (If you have a fo | oreign address, see instructi   | ons.)   |                           |                 | State       | ZIP code                                      |  |  |
| on the check or money  |   | nayable to: "Franchise Tax Board.<br>neck or money order to WITHHOI<br>NTO CA 94267-0651. |                           |                 | Amount of p | ayment  |  |  |
|                        |   |   | 70911 <mark>8</mark> 3    |                 |             | Form 592-A 2017                               |  |  |
| DETACH HI              | ERE   | IF NO PAYMENT   | IS DUE, DO NOT MAIL TH    | IS FORM         | <u></u>     | DETACH HERE                                   |  |  |
| TAXABLE YEAR           |   | oucher for Fo   | oreign Partne             | er or           |             | _CALIFORNIA FORM_                             |  |  |
| 2018                   | Member W  |   |                           |                 |             | 592-A   |  |  |
| The withholding        | agent completes and f   | iles this form.   |                           | <u> </u>        |             |   |  |  |
| For calendar year      | 2018 or fiscal year begin   |   |                           | _, and ending ( |             |   |  |  |
| Installment 2          | Due by the 15th day of  | 6th month of taxable year   | r; for weekend or holiday |                 | _           | <u> </u>                                      |  |  |
| Business name          |   |   |                           | DFE             | N L CA Corp | no. □CA SOS file no.                          |  |  |
| First name             |   | Initial Last name   |                           | 7               | Telepho     | one   |  |  |
| Address (apt./ste., r  | oom, PO box, or PMB no.)  |   |                           |                 |             | . /   |  |  |
| City (If you have a fo | preign address, see instructi   | ons.)   |                           |                 | State       | ZIP code                                      |  |  |
| on the check or money  |   | ayable to: "Franchise Tax Board.<br>eck or money order to WITHHOI<br>NTO CA 94267-0651.   |                           |                 | Amount of p | ayment  |  |  |
|                        |   | <del>-</del> —  | 70911 <mark>8</mark> 3    |                 |             | Form 592-A 2017                               |  |  |
| DETACH HI              | ERE   | IF NO PAYMENT   | IS DUE, DO NOT MAIL TH    | IS FORM         |             | DETACH HERE                                   |  |  |
| TAXABLE YEAR           | - Payment V   | oucher for Fo   | oreign Partne             | er or           |             | _CALIFORNIA FORM_                             |  |  |
| 2018                   | Member W  |   |                           |                 |             | 592-A   |  |  |
| The withholding        | agent completes and t   | iles this form.   |                           |                 |             |   |  |  |
| For calendar year      | 2018 or fiscal year begin   | ning (mm/dd/yyyy)   |                           | _, and ending ( | mm/dd/yyyy) |   |  |  |
| Installment 3          | Due by the 15th day of  | 9th month of taxable year   | r; for weekend or holiday | <u> </u>        |             |   |  |  |
| Business name          |   |   |                           | □FE             | IN □CA Corp | no. □CA SOS file no.                          |  |  |
| First name             |   | Initial Last name   |                           |                 | Telepho     | one   |  |  |
| Address (apt./ste., r  | oom, PO box, or PMB no.)  |   |                           |                 |             | <u>, , , , , , , , , , , , , , , , , , , </u> |  |  |
| City (If you have a fo | oreign address, see instructi   | ons.)   |                           |                 | State       | ZIP code                                      |  |  |
| on the check or money  | y order. Mail Form 592-A and cl   | ayable to: "Franchise Tax Board.<br>leck or money order to WITHHOI                        |                           |                 | Amount of p | ayment  |  |  |
| FRANCHISE TAX BOAI     | RD, PO BOX 942867, SACRAME  | NTO CA 94267-0651.  |                           |                 |             | <u> </u>                                      |  |  |

## Form at bottom of page.

|   |   |                                 | 2                   | <b>&gt;</b>              |  |
|---|---|---------------------------------|---------------------|--------------------------|--|
| DETACH HERI   | = IF NO PAYMEN'   | T IS DUE, DO NOT MAIL THIS FORM | <u> </u>            | DETACH HERE              |  |
| TAXABLE YEAR  | <b>Payment Voucher for F</b>  |                                 |                     | CALIFORNIA FORM          |  |
| 2018  | Member Withholding  | oreign ranther er               | 9                   | 592-A                    |  |
| The withholding ag                                  | gent completes and files this form.   |                                 |                     |                          |  |
| For calendar year 20                                | 18 or fiscal year beginning (mm/dd/yyyy)  | , and ending                    | g (mm/dd/yyyy)      |                          |  |
| Installment 4                                       | Due by the 15th day of 12th month of taxable ye   |                                 |                     |                          |  |
| Business name  First name  Address (apt./ste., roor | Initial Last name n, PO box, or PMB no.)  |                                 | Telephone           | SOS file no.             |  |
| City (If you have a forei                           | gn address, see instructions.)  |                                 | State ZIP code      | 3                        |  |
| DETACH HER  | PO BOX 942867, SACRAMENTO CA 94267-0651.  | 7091183                         | Form                |                          |  |
| TAXABLE YEAR  | <b>Payment Voucher for F</b>  | oreign Partner or               |                     | CALIFORNIA FORM          |  |
| 2018  | <b>Member Withholding</b>   |                                 |                     | 592-A                    |  |
| For calendar year 20                                | 018 or fiscal year beginning (mm/dd/yyyy)   | , and endin                     | g (mm/dd/yyyy)      |                          |  |
| Supplemental Payment Voucher                        | Use this voucher only if you have a final with Payment Voucher is the same as your <b>origin</b>  |                                 |                     | e Supplemental           |  |
| Business name                                       |   | □ F                             | FEIN CA Corp no. CA | SOS file no.             |  |
| First name  | Initial Last name   |                                 | Telephone           | _                        |  |
| Address (apt./ste., roor                            | n, PO box, or PMB no.)  |                                 |                     |                          |  |
| City (If you have a fore                            | gn address, see instructions.)  |                                 | State ZIP code      | -                        |  |
| on the check or money or                            | ake check or money order payable to: "Franchise Tax Board<br>der. Mail Form 592-A and check or money order to WITHHC<br>PO BOX 942867, SACRAMENTO CA 94267-0651 |                                 | Amount of payment   |                          |  |
|   |   | 70911 <del>8</del> 3            | Forn                | n 592-A 201 <del>7</del> |  |