

Payment Voucher for Foreign Partner or Member Withholding

2018

592-A

The withholding agent completes and files this form.

For calendar year 2018, or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Installment 1 Due by the 15th day of 4th month of taxable year; for weekend or holiday, see instructions.

Business name _____ 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 instructions.) _____ State _____ ZIP code _____

Using black or blue ink, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2018 Form 592-A" on the check or money order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIANCE MS 182, FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0651.

Amount of payment _____

7091183 Form 592-A 2017

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

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The withholding agent completes and files this form.

For calendar year 2018, or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Installment 2 Due by the 15th day of 6th month of taxable year; for weekend or holiday, see instructions.

Business name _____ 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 instructions.) _____ State _____ ZIP code _____

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Amount of payment _____

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Installment 3 Due by the 15th day of 9th month of taxable year; for weekend or holiday, see instructions.

Business name _____ 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 instructions.) _____ State _____ ZIP code _____

Using black or blue ink, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2018 Form 592-A" on the check or money order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIANCE MS 182, FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0651.

Amount of payment _____

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TAXABLE YEAR **2018** Payment Voucher for Foreign Partner or Member Withholding CALIFORNIA FORM **592-A**

The withholding agent completes and files this form.

For calendar year 2018 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Installment 4 Due by the 15th day of 12th month of taxable year; for weekend or holiday, see instructions.

Business name 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 instructions.) State ZIP code

Using black or blue ink, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2018 Form 592-A" on the check or money order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIANCE MS 182, FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0651. Amount of payment

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TAXABLE YEAR **2018** Payment Voucher for Foreign Partner or Member Withholding CALIFORNIA FORM **592-A**

For calendar year 2018 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Supplemental Payment Voucher Use this voucher only if you have a final withholding payment to remit with Form 592-F. The due date of the Supplemental Payment Voucher is the same as your original due date for Form 592-F, regardless of extension.

Business name 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 instructions.) State ZIP code

Using black or blue ink, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2018 Form 592-A" on the check or money order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIANCE MS 182, FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0651. Amount of payment

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