TAXABLE YEAR Payment Voucher for Foreign Partner or 2020 Member Withholding

CALIFORNIA FORM

592-A

The withholding	agent completes and	files t	his form.				
For calendar year	2020 or fiscal year begin	ıning (mm/dd/yyyy)	, and er	iding (mm/d	d/yyyy)	
Installment 1	Due by the 15th day of	4th n	onth of taxable year; for weeke	end or holiday, see inst	ructions.		
Business name					☐ FEIN ☐ (CA Corp	no. CA SOS file no.
First name		Initial	Last name			Telepho	one
Address (apt./ste., ro	oom, PO box, or PMB no.)						
City (If you have a fo	oreign address, see instruct	ions.)				State	ZIP code
on the check or money		heck or	to: "Franchise Tax Board." Write the tax money order to WITHHOLDING SERVIC A 94267-0651.			ount of p	payment
			70912	203			Form 592-A 2019
DETACH HE	ERE		IF NO PAYMENT IS DUE, DO	NOT MAIL THIS FORM			DETACH HERE
TAXABLE YEAR	Payment V	ou	cher for Foreign	Partner or			CALIFORNIA FORM
2020	Member W	ith	holding				592-A
The withholding	agent completes and	files t	his form.				9
For calendar year	2020 or fiscal year begin	ning (mm/dd/yyyy)	, and en	ding (mm/d	d/yyyy)	·
Installment 2	Due by the 15th day of	6th n	onth of taxable year; for weeks				
Business name					FEIN 🗋	CA Corp	no. CA SOS file no.
First name		Initial	Last name			Telepho	one
Address (apt./ste., ro	oom, PO box, or PMB no.)						
City (If you have a fo	oreign address, see instruct	ions.)		0//		State	ZIP code
on the check or money		heck or	to: "Franchise Tax Board." Write the tax money order to WITHHOLDING SERVIC A 94267-0651.			ount of p	payment
	~ 0	-	70912	203	_		Form 592-A 2019
DETACH HE			IF NO PAYMENT IS DUE, DO				DETACH HERE
TAXABLE YEAR		4	cher for Foreign	Partner or			CALIFORNIA FORM
2020	Member W	ith	holding				592-A
	agent completes and	_					
	2020 or fiscal year begin				ding (mm/d	d/yyyy)	
Installment 3	Due by the 15th day	9th n	onth of taxable year; for weeke				
Business name					□ FEIN □ (CA Corp	no. CA SOS file no.
First name		Initial	Last name	<u>'</u>		Telepho	one
Address (apt./ste., ro	oom, PO box, or PMB no.)	l					
City (If you have a fo	oreign address, see instruct	ions.)				State	ZIP code
on the check or money		heck or	to: "Franchise Tax Board." Write the tax money order to WITHHOLDING SERVIC A 94267-0651.			ount of p	payment

Form at bottom of page.

The withholding agent completes and files this form. For calendar year 2020 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 instruction s. Business 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 line tax ID no. and "2)20 Form 592-A" Using black or blue ink, make check or money order payable to: "Franchise Tax Board." Write line tax ID no. and "2)20 Form 592-A" Amount of payment TAXABLE YEAR Payment Voucher for Toreign Partner or CALIF	592-A
The withholding agent completes and files this form. For calendar year 2020 or fiscal year beginning (mm/dd/yyyy) Installment 4 Due by the 15th day of 12th month of taxable year; for we ekend or holiday, see instructions. Business name FEIN CA Corp no. CA SOS file	
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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.) Using black or blue ink, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2020 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. 7091203 Form 592-A	no.
Address (apt./ste., room, PO box, or PMB no.) City (If you have a foreign address, see instructions.) Using black or blue ink, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2020 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. 7091203 Form 592-A	
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2020 Nember Withholding For calendar year 2020 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)	ACH HERE
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	592-A
Check the box to indicate how Form 502 F was submitted (shock only one box).	
Check the box to indicate now formasz-r was submitted (theth only one box). \square Electronic \square raper	
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 Supple Payment Voucher is the same as your original due date for Form 592-F, regardless of extension.	mental
Business name	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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7091203 Form 592-A 2019