TAXABLE YEARPayment Voucher for Foreign Partner or2020Member Withholding

CALIFORNIA FORM

592-A

The withholding	agent completes and t	files this form.					
For calendar year 2020 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 Cor	p no. 🗌 CA SOS file no.		
First name		Initial Last name		Telept	none		
Address (apt./ste., ro	om, PO box, or PMB no.)			L			
City (If you have a for	reign address, see instructi	ons.)		State	ZIP code		
on the check or money		heck or money order to WITHHO	" Write the tax ID no. and "2020 Form 592 LDING SERVICES AND COMPLIANCE MS 1		payment		
			7091203	$\overline{\mathbf{N}}$	Form 592-A 2019		
DETACH HE	RE	IF NO PAYMENT	IS DUE, DO NOT MAIL THIS FORM		DETACH HERE		
TAXABLE YEAR	Payment V	oucher for F	oreign Partner or		CALIFORNIA FORM		
2020	Member W				592-A		
The withholding	agent completes and	files this form.					
For calendar year	2020 or fiscal year begin	ning (mm/dd/yyyy)	, and en	ding (mm/dd/yyyy			
Installment 2	Due by the 15th day of	6th month of taxable yea	r; for weekend or holiday, see inst	ructions.			
Business name			0,	FEIN CA Cor	p no. 🗌 CA SOS file no.		
First name		Initial Last name		Teleph	none		
Address (apt./ste., ro	om, PO box, or PMB no.)						
City (If you have a for	reign address, see instructi	ons.)	6	State	ZIP code		
on the check or money		neck or money order to WITHHO	" Write the tax ID no. and "2020 Form 592 LDING SERVICES AND COMPLIANCE MS 1		payment		
			7091203	_	Form 592-A 2019		
DETACH HE	RE	IF NO PAYMENT	IS DUE, DO NOT MAIL THIS FORM		DETACH HERE		
TAXABLE YEAR	- Payment V	oucher for F	oreign Partner or		CALIFORNIA FORM		
2020	Member W		•		592-A		
The withholding	agent completes and	iles this form.					
For calendar year	2020 or fiscal year begin	ning (mm/dd/yyyy)	, and en	iding (mm/dd/yyyy)		
Installment 3	Due by the 15th day of	9th month of taxable yea	r; for weekend or holiday, see inst	ructions.			
Business name				FEIN CA Cor	p no. 🗌 CA SOS file no.		
First name		Initial Last name		Teleph	none		
Address (apt./ste., ro	om, PO box, or PMB no.)						
City (If you have a for	reign address, see instructi	ons.)		State	ZIP code		
on the check or money		heck or money order to WITHHO	" Write the tax ID no. and "2020 Form 592 LDING SERVICES AND COMPLIANCE MS 1		payment		
			7091203		Form 592-A 2019		

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DETACH HERE	IF NO PAYMEI	NT IS DUE, DO NOT MAIL THIS FORM	^ <u> </u>	DETACH HERE		
TAXABLE YEAR	Payment Voucher for F	oreign Partner o	r	CALIFORNIA FORM		
	Member Withholding	orongin i antilor o		592-A		
The withholding ag	ent completes and files this form.	· · ·				
For calendar year 20	20 or fiscal year beginning (mm/dd/yyyy)	, and e	ending (mm/dd/yyyy)			
Installment 4 D	ue by the 15th day of 12th month of taxable y	ear; for weekend or holiday, see ir	nstructions.			
Business name		0.	FEIN CA Cor	o no. 🗆 CA SOS file no.		
First name	Initial Last name	N	Teleph	one		
Address (apt./ste., room	i, PO box, or PMB no.)					
City (If you have a foreig	gn address, see instructions.)	0	State	ZIP code		
DETACH HERI		7091203		Form 592-A 2019		
	Payment Voucher for I			CALIFORNIA FORM		
2020	Member Withholding	_		592-A		
For calendar year 20	20 or fiscal year beginning (mm/dd/yyyy)	, and	ending (mm/dd/yyyy)		
Check the box t	o indicate how Form 592-F was submitted	l (check only one box): 🔲 Ele	ectronic 🗌 P	aper		
Supplemental Payment Voucher	Use this voucher only if you have a final with Payment Voucher is the same as your orig		ardless of extensi	on.		
Business name			🗆 FEIN 🗆 CA Corp	o no. 🗌 CA SOS file no.		
First name	Initial Last name		Teleph	one		
Address (apt./ste., room	n, PO box, or PMB no.)					
City (If you have a foreig	gn address, see instructions.)		State	ZIP code		
on the check or money ord	ake check or money order payable to: "Franchise Tax Boa der. Mail Form 592-A and check or money order to WITH- PO BOX 942867, SACRAMENTO CA 94267-0651			payment		
		7091203		Form 592-A 2019		