

# 2024 Payment Voucher for Foreign Partner or Member Withholding

# 592-A

The withholding agent completes and files this form.

For calendar year 2024 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

**Payment 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 "2024 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 \_\_\_\_\_

7091243

Form 592-A 2023

DETACH HERE \_\_\_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM \_\_\_\_\_ DETACH HERE \_\_\_\_\_  
TAXABLE YEAR \_\_\_\_\_ CALIFORNIA FORM \_\_\_\_\_

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**Payment 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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**Payment 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 \_\_\_\_\_

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Form at bottom of page.

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Payment 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

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Amount of payment

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TAXABLE YEAR CALIFORNIA FORM

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Check the box to indicate how Form 592-F was submitted (check only one box): Electronic Paper

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 "2024 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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