TAXABLE YEAR CALIFORNIA FORM

2024 Payment Voucher for Foreign Partner or Member Withholding

592-A

The withholding a	gent completes and files this form.			
For calendar year 2	024 or fiscal year beginning (mm/dd/yyyy), and e	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		Teleph	one
Address (apt /sta	pom, PO box, or PMB no.)			
Address (apt./ste., i	ooli, PO box, of Fine Ito.)			
City (If you have a f	oreign address, see instructions.)		State	ZIP code
on the check or mone	k, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2024 Form 592- y order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIANCE MS 1 RD, PO BOX 942867, SACRAMENTO CA 94267-0651.		ount of pa	nyment
	7091243	_		Form 592-A 2023
DETACH H	ERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM			DETACH HERE
TAXABLE YEAR	_			CALIFORNIA FORM
2024	Payment Voucher for Foreign Partner or Member	r Withh	oldi	ng 592-A
	gent completes and files this form.	anding (mm/	ddhaaad	
Payment 2	024 or fiscal year beginning (mm/dd/yyyy), and e, Due by the 15th day of 6th month of taxable year; for weekend or holiday, see instructions.	ending (mm/	uu/yyyy)	<u> </u>
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First name	Initial Last name		Teleph	one
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City (If you have a f	oreign address, see instructions.)		State	ZIP code
on the check or mone	x, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2024 Form 592- y order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIANCE MS 1 RD, PO BOX 942867, SACRAMENTO CA 94267-0651.		ount of pa	 lyment ■
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DETACH H	ERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM			DETACH HERE CALIFORNIA FORM
2024	Payment Voucher for Foreign Partner or Member	r Withh	oldi	ng 592-A
The withholding a	gent completes and files this form.			
		ending (mm/	dd/yyyy)	
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		Teleph	one
Address (apt./ste., ı	pom, PO box, or PMB no.)		<u> </u>	
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on the check or mone	k, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2024 Form 592- y order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIANCE MS 1 RD, PO BOX 942867, SACRAMENTO CA 94267-0651.		ount of pa	lyment

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	2024 or fiscal year beginning			and ending	(mm/dd/yyyy)	
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First name		Initial Last name			Telephone	
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ddress (apt./ste.,	room, PO box, or PMB no.)					
City (If you have a	foreign address, see instruc	tions)			State ZIP o	code.
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