TAXABLE YEAR _____CALIFORNIA FORM_

2025 Payment Voucher for Foreign Partner or Member Withholding

592-A

The withholding a	gent completes and files this form.			
For calendar year 2	2025 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		Teleph	one
Address (ant /ste	oom, PO box, or PMB no.)			
7 (apr., 510.,	55m, 1 5 55m, 51 1 m2 m6.			
City (If you have a	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 "2025 Form 59 y order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIANCE MS RD, PO BOX 942867, SACRAMENTO CA 94267-0651.		ount of pa	ayment
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2025	Payment Voucher for Foreign Partner or Member	er Withh	ıoldi	ng 592-A
The withholding a	gent completes and files this form.			
		l ending (mm/	dd/yyyy)	
Payment 2	Due by the 15th day of 6th month of taxable year; for weekend or holiday, see instructions.	In		
Business name		FEIN	CA Corp	no. CA SOS file no.
First name	Initial Last name		Teleph	one
Address (apt./ste.,	oom, PO box, or PMB no.)			
City (If you have a	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 "2025 Form 59 y order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIANCE MS RD, PO BOX 942867, SACRAMENTO CA 94267-0651.		ount of pa	ayment _
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	gent completes and files this form.	Landina (mm)	(al al /s a a a s)	
Payment 3	2025 or fiscal year beginning (mm/dd/yyyy), and, and, Due by the 15th day of 9th month of taxable year; for weekend or holiday, see instructions.	l ending (mm/	aa/yyyy)	
Business name	Due by the 15th day of 5th month of taxable year, for weekend of holiday, see histiductions.		CA Corr	no. CA SOS file no.
2400000			OA 001p	TIO. 🗆 OA GOO IIIE IIO.
First name	Initial Last name		Teleph	one
Address (apt./ste.,	oom, PO box, or PMB no.)			
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FRANCHISE TAX BOA	RD, PO BOX 942867, SACRAMENTO CA 94267-0651.			

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