Instructions for Form 593-V

Payment Voucher for Real Estate Withholding

What's New

For taxable years beginning on or after January 1, 2012, the maximum personal income tax rate is 12.3%. In addition, non-California partnerships are subject to withholding requirements on a sale of California real property at a rate of 3 1/3% (.0333)of sales price or 12.3% of gain. The alternative withholding rate for the gain on sale of California real property by S corporations is 13.8% and 15.8% for Financial S corporations.

Do Not Round Cents to Dollars – On this form, **do not** round cents to the nearest whole dollar. Enter the amounts with dollars and cents as actually withheld.

General Information

Use Form 593-V, Payment Voucher for Real Estate Wtihholding, to remit your real estate withholding payment to the Franchise Tax Board (FTB) whether Form 593(s), Real Estate Withholding Tax Statement, is submitted electronically or by mail. You must use Form 593-V when remitting a payment by check or money order. You may also have your payments automatically withdrawn from your bank account via an electronic funds transfer (EFT). For more information, go to **ftb.ca.gov** and search for **eft**, or call 916.845.4025.

Specific Instructions

Enter the business or individual withholding agent's name, address, and identification number, and the amount of payment in the designated space. Print all names and words in **capital letters**. If completing Form 593-V by hand, enter all the information requested using black or blue ink.

Verify that all of the following information is complete:

- Business or individual withholding agent's name
- Mailing address
- · Identification number
- · Amount of payment
- · Contact telephone number

Foreign Address: Enter the information in the following order: City, Country, Province/Region, and Postal Code. Follow the country's practice for entering the postal code. **Do not** abbreviate the country's name.

Check the appropriate box for **Electronic** or **Paper**, depending on how Form(s) 593 was submitted. **Check one box only.**

Enter the number of Form(s) 593 submitted to the FTB.

The information on Form 593-V should match the information that was submitted to the FTB on the 2013 Form(s) 593.

Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the withholding agent's identification number and "2013 Form 593-V" on the check or money order.

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

- If Form(s) 593 is submitted by mail, detach the payment voucher from the bottom of this page and enclose, but do not staple, Form(s) 593, Form 593-V, along with the payment, and mail to the address below.
- If Form 593 is submitted electronically, detach the payment voucher from the bottom of this page and enclose, but do not staple, your payment with the voucher and mail to:

WITHHOLDING SERVICES AND COMPLIANCE FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0651

Do not send paper copies of Form(s) 593 to the FTB if submitted electronically.

The withholding agent retains this form for a minimum of five years and must provide it to the FTB upon request.

Due Date of Payment

Submit withholding payments within 20 days following the end of the month in which the real estate transaction occurred. The withholding agent must send Form 593-V with the payment of tax withheld to the FTB.

Interest and Penalties

Interest will be assessed on late withholding payments and penalties, and is computed from the original due date to the date paid. For more information regarding interest and penalties get the instructions for Form 593.

DETACH HER	E	IF NO PAYMEN	IT IS DUE, DO N	OT MAIL THIS	VOUCHER		DETA	CH HERE —
YEAR							_CAL	IFORNIA FORM
2013	Payment Vo	oucher for	Real Esta	te With	holding	g		593-V
► Check the box to indicate how Form(s) 593 was submitted (check one box only) □ Electronic □ Paper Number of Form(s) 593 submitted								
Business name					□SSN	or ITIN 🗆 FE	IN □CA Corp no.	☐CA SOS file no.
First name		Initial Last name				Contact	Telephone no.	
Address (suite, room	i, PO Box, or PMB no.)				1 1 1			
City (if you have a fo	reign address, see instruct	ions)				State	ZIP Code	
Do not send a paper co	ng Withhold Agent information py of the electronically filed Foectronically filed Form(s) 593	orm(s) 593 with the paym				Amount of pa	ayment	