TAXABLE YEAR CALIFORNIA FORM

## 2023 Payment Voucher for Foreign Partner or Member Withholding

592-A

The withholding a	gent completes and files this form.						
For calendar year 2	023 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 ☐	FEIN ☐ CA Corp no. ☐ CA SOS file no.				
First name	Initial Last name		Telephone				
Address (apt./ste., r	pom, PO box, or PMB no.)						
City (If you have a f	oreign address, see instructions.)		State	ZIP code			
on the check or mone	s, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2023 Form 592- r 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			
	7091233	_		Form 592-A 2022			
DETACH H	ERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM			DETACH HERE			
TAXABLE YEAR	_			CALIFORNIA_FORM			
2023	Payment Voucher for Foreign Partner or Member	r Withh	oldi	ng 592-A			
	gent completes and files this form.  D23 or fiscal year beginning (mm/dd/yyyy), and e, and e,	ending (mm/	dd/www)				
Payment 2	Due by the 15th day of 6th month of taxable year; for weekend or holiday, see instructions.	onanig (iliin)	aa, yyyy)				
Business name	2 2	☐ FEIN ☐	CA Corp	no.   CA SOS file no.			
First name	Initial Lost name		Tolonb				
riisi name	Initial Last name		Teleph	one			
Address (apt./ste., r	oom, PO box, or PMB no.)						
City (If you have a f	oreign address, see instructions.)		State	ZIP code			
on the check or mone	t, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2023 Form 592- 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	iyment			
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2023	Payment Voucher for Foreign Partner or Member	r Withh	oldi				
The withholding a	gent completes and files this form.			<u> </u>			
For calendar year 2	., and e	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		Telepho	one			
Address (apt./ste., r	oom, PO box, or PMB no.)		1				
City (If you have a f	oreign address, see instructions.)		State	ZIP code			
on the check or mone	t, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2023 Form 592- 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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rst name		Initial Last name			Telepho	ne	
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