TAXABLE YEAR CALIFORNIA FORM

## 2022 Payment Voucher for Foreign Partner or Member Withholding

592-A

| The withholding a   | gent completes and files t    | his form.                  |   |  |  |                                 |  |  |  |  |
|---|-------------------------------|----------------------------|---|--|--|---------------------------------|--|--|--|--|
| For calendar year 2022 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy) |                               |                            |   |  |  |                                 |  |  |  |  |
| Payment 1   | Due by the 15th day of 4th    | h month of taxable year; f | or weekend or holiday, see ins                                  | structions.                            |  |                                 |  |  |  |  |
| Business name   |                               |                            |   |  | ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no. |                                 |  |  |  |  |
| First name  |                               | Initial Last name          |   |  | Teleph                                 | one                             |  |  |  |  |
| Address (apt./ste.,   | room, PO box, or PMB no.)     |                            |   |  |  |                                 |  |  |  |  |
| City (If you have a   | foreign address, see instruct | ions.)                     |   |  | State                                  | ZIP code                        |  |  |  |  |
| on the check or mone  |                               | heck or money order to WIT | oard." Write the tax ID no. and "2<br>HHOLDING SERVICES AND COM |  |  | ayment                          |  |  |  |  |
| DETAGLIA  | IFDF                          | IE NO DWA                  | 7091223   |  | 3                                      | Form 592-A 2021                 |  |  |  |  |
| TAXABLE YEAR  |                               | IF NO PAYM                 | ENT IS DUE, DO NOT MAIL   | THIS FORM                              |  | DETACH HERE<br>CALIFORNIA FORM_ |  |  |  |  |
| 2022  | Payment Voi                   | ucher for Fore             | eign Partner or I   | Membe                                  | Withholdi                              | ng 592-A                        |  |  |  |  |
|   | agent completes and files t   |                            |   | and a                                  | ending (mm/dd/yyyy)                    |                                 |  |  |  |  |
| Payment 2   | 2022 or fiscal year beginning |                            | or weekend or holiday, see ins                                  |  | ending (mm/dd/yyyy)                    |                                 |  |  |  |  |
| Business name   | Due by the 13th day of other  | - Honti of taxable year, i | of weekend of floriday, see inc                                 |  | □ FEIN □ CA Corp                       | no.   CA SOS file no.           |  |  |  |  |
| First name  |                               | Initial Last name          |   |  | Teleph                                 | one                             |  |  |  |  |
| Address (apt./ste.,   | room, PO box, or PMB no.)     |                            |   |  |  |                                 |  |  |  |  |
| City (If you have a   | foreign address, see instruct | ions.)                     |   | )                                      | State                                  | ZIP code                        |  |  |  |  |
| on the check or mone  |                               | heck or money order to WIT | oard." Write the tax ID no. and "2<br>HHOLDING SERVICES AND COM |  |  | ayment                          |  |  |  |  |
|   | 7                             |                            | 7091223   |  | -                                      | Form 592-A 2021                 |  |  |  |  |
| DETACH H<br>TAXABLE YEAR  |                               | IF NO PAYM                 | ENT IS DUE, DO NOT MAIL   | THIS FORM                              |  | DETACH HERE<br>CALIFORNIA FORM  |  |  |  |  |
| 2022  | Payment Voi                   | ucher for Fore             | eign Partner or I   | Membe                                  | Withholdi                              | ng <b>592-A</b>                 |  |  |  |  |
| The withholding a   | agent completes and files t   | his form.                  |   |  |  |                                 |  |  |  |  |
|   | 2022 or fiscal year beginning | ending (mm/dd/yyyy)        |   |  |  |                                 |  |  |  |  |
| Payment 3   | Due by the 15th day of 9th    | h month of taxable year; f | or weekend or holiday, see ins                                  |  |  |                                 |  |  |  |  |
| Business name   |                               |                            |   | ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no. |  |                                 |  |  |  |  |
| irst name Initial Last name   |                               |                            |   |  | Telephone                              |                                 |  |  |  |  |
| Address (apt./ste.,   | room, PO box, or PMB no.)     |                            |   |  |  |                                 |  |  |  |  |
| City (If you have a foreign address, see instructions.)                               |                               |                            |   |  |  | ZIP code                        |  |  |  |  |
| on the check or mone  |                               | heck or money order to WIT | pard." Write the tax ID no. and "2<br>HHOLDING SERVICES AND COM |  |  | ı<br>ayment                     |  |  |  |  |

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| DETACH H                        | HERE                        | IF NO PA                    | YMENT IS DUE, DO NOT M   | AIL THIS FORM      | 45                                     |             | DETACH HERE            |  |  |
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| TAXABLE YEAR                    | <u>l</u>                    |                             |  |                    |  |             | CALIFORNIA FORM        |  |  |
| 2022                            | Payment Vo                  | oucher for Fo               | reign Partner o  | r Membe            | r Withholdi                            | ng          | 592-A                  |  |  |
| The withholding a               | agent completes and files   | s this form.                |  |                    |  |             |                        |  |  |
| For calendar year               | 2022 or fiscal year beginni | ng (mm/dd/yyyy)             | , and  | ending (mm/dd/yyyy |  |             |                        |  |  |
| Payment 4                       | Due by the 15th day of      | 12th month of taxable ye    | ear; for weekend or holiday, s                                       | ee instructions.   |  |             |                        |  |  |
| Business name                   |                             |                             |  |                    | ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no. |             |                        |  |  |
| First name                      |                             | Initial Last name           |  |                    | Teleph                                 | one         |                        |  |  |
| Address (apt./ste.,             | room, PO box, or PMB no.    |                             |  |                    |  |             |                        |  |  |
| City (If you have a             | foreign address, see instru | octions.)                   |  |                    | State                                  | ZIP code    |                        |  |  |
|                                 | RD, PO BOX 942867, SACRA    |                             | 7091223  | JOWIF LIANGE INS   |  | Form !      | 592-A 2021             |  |  |
| DETACH H                        | HERE                        | IF NO PA                    | AYMENT IS DUE, DO NOT M  | IAIL THIS FORM     |  |             | _ DETACH HERE          |  |  |
| TAXABLE YEAR                    |                             |                             |  |                    |  |             | CALIFORNIA FORM        |  |  |
| 2022                            | Payment Vo                  | oucher for Fo               | reign Partner o  | r Membe            | r Withholdi                            | ng          | 592-A                  |  |  |
| For calendar year               | 2022 or fiscal year beginni | ng (mm/dd/yyyy)             |  | , and              | ending (mm/dd/yyyy                     | )           |                        |  |  |
|                                 | dicate how Form 592-F was   |                             | <u>'</u>   | ☐ Papeı            |  |             |                        |  |  |
| Supplemental<br>Payment Voucher |                             |                             | hholding payment to remit wi<br>92-F, <b>regardless of extensi</b> c |                    | ne due date of the Si                  | upplemental | Payment Voucher is the |  |  |
| Business name                   |                             | . , . <b>g</b>              | -  | ☐ FEIN ☐ CA Cor    | FEIN ☐ CA Corp no. ☐ CA SOS file no.   |             |                        |  |  |
| First name                      |                             | Initial Last name           |  |                    | Teleph                                 | one         |                        |  |  |
| Address (apt./ste.,             | room, PO box, or PMB no.    | )                           |  |                    | 1                                      |             |                        |  |  |
| City (If you have a             | foreign address, see instru | State                       | ZIP code   |                    |  |             |                        |  |  |
| on the check or mone            |                             | I check or money order to V | x Board." Write the tax ID no. ar<br>WITHHOLDING SERVICES AND (      |                    |  | ayment      |                        |  |  |
|                                 |                             |                             | 1  |                    | _                                      |             |                        |  |  |

7091223 Form 592-A 2021