TAXABLE YEAR CALIFORNIA FORM

2021 Payment Voucher for Foreign Partner or Member Withholding

592-A

The withholding ag	ent completes and files this form.								
For calendar year 20	calendar year 2021, 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	Telephone							
Address (apt./ste., ro	om, PO box, or PMB no.)								
City (If you have a fo	reign address, see instructions.)	State ZIP code							
Using black or blue ink, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2021 Form 592-A" on the check or money order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIÂNCE MS 182, FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0651.									
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DETACH HE TAXABLE YEAR	Initial Last name Initia								
2021		er Withholding 592-A							
	·								
		l ending (mm/aq/yyyy)							
Payment 2	Due by the 15th day of 6th 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	Telephone							
Address (apt./ste., ro	om, PO box, or PMB no.)								
City (If you have a fo	reign address, see instructions.)	State ZIP code							
Using black or blue ink, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2021 Form 592-A" on the check or money order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIANCE MS 182, FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0651.									
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DETACH HE	RRE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM								
2021	Payment Voucher for Foreign Partner or Member	er Withholding 592-A							
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		l 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	Telephone							
Address (apt./ste., ro	oom, PO box, or PMB no.)								
City (If you have a foreign address, see instructions.) State ZIP code									
on the check or money	, make check or money order payable to: "Franchise Tax Board." Write the tax ID no. and "2021, Form 59 order. Mail Form 592-A and check or money order to WITHHOLDING SERVICES AND COMPLIÂNCE MS D, PO BOX 942867, SACRAMENTO CA 94267-0651.								

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DETACH H	HERE		_ IF NO PAYMENT IS DUE, [OO NOT MAIL THIS	ORM			. DETACH HERE	
TAXABLE YEAR	<u>t</u>							CALIFORNIA FORM	
2021	Payment Vo	ucher	for Foreign Part	ner or Mem	ber With	holdii	ng	592-A	
The withholding a	gent completes and files t	his form.							
For calendar year	202 1 or fiscal year beginning				, and ending (mm	/dd/yyyy)	-		
Payment 4	Due by the 15th day of 12	by the 15th day of 12th month of taxable year; for weekend or holiday, see instructions.							
Business name					□ FEIN □	CA Corp	no. 🗆 CA SC	OS file no.	
irst name		Initial La	st name			Telepho	one		
Address (apt./ste.,	room, PO box, or PMB no.)			1					
City (If you have a	foreign address, see instruct	ions.)	7			State	ZIP code		
on the check or mone		heck or mo	Franchise Tax Board." Write the t ney order to WITHHOLDING SERV 1267-0651.			ount of pa	yment		
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DETACH H	HERE		_ IF NO PAYMENT IS DUE, I	OO NOT MAIL THIS F	ORM			DETACH HERE	
TAXABLE YEAR							_	CALIFORNIA FORM	
2021	Payment Vo	ucher	for Foreign Part	ner or Mem	ber With	holdi	ng	592-A	
	2021 or fiscal year beginning				, and ending (mm	n/dd/yyyy)			
Check the box to in Supplemental Payment Voucher		if you hav	Heck only one box): ☐ Elle a final withholding payment to be for Form 592-F, regardless of	to remit with Form 592	Paper 2-F. The due date	of the Su	pplemental Pa	ayment Voucher is the	
Business name					□ FEIN □	FEIN CA Corp no. CA SOS file no.			
First name		Initial La	st name			Telepho	one		
Address (apt./ste.,	room, PO box, or PMB no.)					1			
City (If you have a foreign address, see instructions.)						State	ZIP code		
on the check or mone		heck or mo	"Franchise Tax Board." Write the t ney order to WITHHOLDING SERV 1267-0651			ount of pa	yment		
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