TAXABLE YEAR CALIFORNIA FORM

Payment Voucher for Pass-Through Entity Withholding 2021

592-Q

The withholding a	agent completes and files t	his for	n.								
Payment 1	nt 1 Due by April 15, 2021; for weekend or holiday, see instructions.										
Business name						r ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.					
First name			Initial Last name			Telephone					
Address (apt./ste.,	room, PO box, or PMB no.)										
City (If you have a	foreign address, see instruct		State	State ZIP code							
on the check or mone		heck or	to: "Franchise Tax Board." Write the tax ID no. and "2024 Form 592 money order to WITHHOLDING SERVICES AND COMPLIÂNCE MS v 94267-0651.		unt of pa	ayment					
For Priva	acy Notice, get FTB 1131		Form 592-Q 202 Q								
DETACH H	HERE		IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM	<u>U</u> _		DETACH HERE					
TAXABLE YEAR	<u> </u>			>		CALIFORNIA FORM					
202 1	Payment Voi	ıche	er for Pass-Through Entity Withh	nolding		592-Q					
The withholding a	agent completes and files t	his for	n.								
Payment 2	Due by June 15, 2021; for	weeke	nd or holiday, see instructions.								
Business name			C.O. N	☐ SSN or IT	IN □ F	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	nk, make check or money order ey order. Mail Form 592-0 and c ARD, PO BOX 942867, SACRAM	heck or	co: "Franchise Tax Board." Write the tax ID no. and "2021 Form 592 noney order to WITHHOLDING SERVICES AND COMPLIANCE MS 94267-0651.	2-Q" Amo 182, —	unt of pa	ayment					
For Priva	acy Notice, get FTB 1131 E	IG/SP,	86212 1 3	_		Form 592-Q 2029					
DETACH H	HERE		IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM			DETACH HERE					
TAXABLE YEAR	<u> </u>		5			CALIFORNIA FORM					
202 1	Payment Vo	iche	r for Pass-Through Entity Withh	nolding		592-Q					
The withholding a	agent completes and files t	his for	n.								
Payment 3	Due by September 15, 20	2 1 ; for	veekend or holiday, see instructions.								
Business name				☐ SSN or IT	IN □ F	EIN CA Corp no. CA SOS file no.					
First name		Initial	Last name		Teieph	one					
Address (apt./ste.,	room, PO box, or PMB no.)										
City (If you have a	foreign address, see instruct		State ZIP code								
on the check or mone		heck or	to: "Franchise Tax Board." Write the tax ID no. and "2021 Form 592 money order to WITHHOLDING SERVICES AND COMPLIANCE MS 94267-0651.		unt of pa	ayment					
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Form at bottom of page.

DETACH I	HERE	IF NO	PAYMENT IS DUE, DO N	OT MAIL THIS FORM			DETA	CH HERE
TAXABLE YEAF	3						CALI	FORNIA FORM
202 1	Payment Vo	ucher for P	ass-Through	Entity Withh	nolding		, !	592-Q
The withholding a	agent completes and files t	his form.						
Payment 4	Due by January 15, 2022	Due by January 15, 2022; for weekend or holiday, see instructions						
Business name		-		, A	SSN or ITIN	□ FEIN [CA Corp no.	☐ CA SOS file no.
First name		Initial Last name			Te	eiephone		
Address (apt./ste.,	room, PO box, or PMB no.)			1				
City (If you have a foreign address, see instructions.)							code	
For Priv	acy Notice, get FTB 1131 E	_	862124		<u> </u>		orm 592-Q DETA	2020 <u> </u>
TAXABLE YEAF	<u> </u>	G					CALI	FORNIA FORM
202 1	Payment Vo	ucher for P	ass-Through	Entity Withh	nolding		į	592- Q
Check the box to in	dicate how Form 592-PTE wa							
Supplemental Payment Voucher			withholding payment to rer form 592-PTE, regardless		E. The due date of	of the Supp	lemental Paymo	ent Voucher is
Business name	ino dame de your on	ga. uuo uu.o .o			SSN or ITIN	☐ FEIN [CA Corp no.	☐ CA SOS file no.
First name		Initial Last name			Те	elephone		
Address (apt./ste.,	room, PO box, or PMB no.)							
City (If you have a	foreign address, see instruct	tions.)			St	tate ZIP	code	
on the check or mon	nk, make check or money order ey order. Mail Form 592-Q and o ARD, PO BOX 942867, SACRAM	check or money order t	to WITHHOLDING SERVICES			of payment	t	
For Priv	acy Notice, get FTB 1131 El	NG/SP,	86212	3	_	F	orm 592-Q	2020