

Instructions for Form FTB 3587

Payment Voucher for LP, LLP, and REMIC Electronically Filed (e-filed) Returns

General Information

Use form FTB 3587, Payment Voucher for LP, LLP, and REMIC e-filed Returns, to pay the tax only if the limited partnerships (LP), limited liability partnerships (LLP), or real estate mortgage investment conduits (REMIC) meets all of the following:

- Files its tax return electronically
- Has a balance due
- Remits payment with a check or money order

Round Cents to Dollars – Round cents to the nearest whole dollar. For example, round \$50.50 up to \$51 or round \$25.49 down to \$25.

Private Mail Box – Include the Private Mail Box (PMB) in the address field. Write “PMB” first, then the box number. Example: 111 Main Street PMB 123.

Specific Instructions

Is form FTB 3587 preprinted with the LP's, LLP's, or REMIC's information?

Yes. Go to number 1. **No.** Go to number 2.

1. Verify that the following information is correct before mailing the voucher and the check or money order:

- LP's, LLP's, or REMIC's name
- Doing business as (DBA)
- Address
- Federal employer identification number (FEIN)
- California Secretary of State (SOS) file number
- Amount of payment
- Contact telephone number

If a change is needed to the information, use blue or black ink to draw a line through the incorrect information and clearly print the new information. Scanning machines may not be able to read other ink colors. Then, go to number 3.

2. If there is a balance due, complete the voucher at the bottom of this page with blue or black ink. Scanning machines may not be able to read other ink colors. Print the LP's, LLP's, or REMIC's name, doing business as (DBA), address (in **CAPITAL LETTERS**), federal employer

identification number (FEIN), California Secretary of State (SOS) file number, contact telephone number, and amount of payment in the space provided.

The information on form FTB 3587 should match the information that was electronically transmitted to the Franchise Tax Board (FTB) and the information printed on the paper copy of the 2009 Form 565, Partnership Return of Income.

3. Using the blue or black ink, make the check or money order payable to the “Franchise Tax Board.” Write the LP's, LLP's, or REMIC's FEIN or SOS file number and “2009 FTB 3587” on the check or money order. A penalty may be imposed if the payment is returned by the bank for insufficient funds.

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

4. Attach the preprinted voucher or detach the payment voucher from below, only if an amount is owed. Enclose, but **do not** staple, the payment with the voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

When to Make Payment

If there is a balance due on the 2009 Form 565, mail form FTB 3587 with the payment to the address listed under Specific Instructions, item 4.

The tax liability must be paid by the 15th day of the 4th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Penalties and Interest

An extension of time to file a return is not an extension of time to pay the tax. If the entity fails to pay its annual tax by the original due date, the entity will incur a late payment penalty plus interest. To avoid late payment penalties and interest, the annual tax must be paid by the 15th day of the 4th month, following the close of the taxable year.

Do not mail a paper copy of the LP, LLP, or REMIC return to the FTB.
Keep it for the LP's, LLP's, or REMIC's records.

✂ DETACH HERE _____ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _____ DETACH HERE ✂
Fiscal year: File and Pay by the 15TH day of the 4th month following the close of the taxable year.
Calendar year: File and Pay by April 15, 2010.

TAXABLE YEAR

Payment Voucher for LP, LLP, and REMIC e-filed Returns

CALIFORNIA FORM

2009

3587 (e-file)

For calendar year 2009 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

LP, LLP, or REMIC name _____ FEIN _____

DBA _____ Secretary of State (SOS) file number _____

Address (suite, room, PO Box, or PMB no.) _____

City _____ State _____ ZIP Code _____

Contact telephone no. _____ **Do not mail copy of the return with this payment voucher.** Amount of payment _____

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