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 partnership (LP), limited liability partnership (LLP), or real estate mortgage investment conduit (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.

- Verify that the following information is correct before writing the check or money order:
 - · LP's, LLP's, or REMIC's name
 - Doing business as (DBA)
 - Address
 - Federal employer identification number (FEIN)
 - · Secretary of State (SOS) file number
 - Amount of payment
 - · Contact telephone number

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

2. If there is a balance due, complete the voucher at the bottom of this page. Print the LP's, LLP's, or REMIC's name, doing business as (DBA), address, federal employer identification number (FEIN), Secretary of State (SOS) file number, contact telephone number, and amount of payment in the space provided. Print LP's, LLP's, or REMIC's name and address in CAPITAL LETTERS. Use a black or blue ink pen. Scanning machines may not be able to read other colors of ink. Verify that the following information is complete:

- LP's, LLP's, or REMIC's name
- DBA
- Address
- FEIN
- SOS file number
- Amount of payment
- Contact telephone number

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 2008 Form 565, Partnership Return of Income.

 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 "2008 FTB 3587" on the check or money order. A penalty may be imposed if the LP, LLP, or REMIC 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. Detach the payment voucher from the bottom of this page, 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 2008 Form 565, send 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 send a paper copy of Form 565 to the FTB. Keep it for the LP's, LLP's, or REMIC's records.

Calendar yea	File and Pay by the 15TH da ar: File and Pay by April 15,	y of the 4th month foll 2009.	ŭ		1		CH HERE —
TAXABLE YEAR	Payment Vou		,				RNIA FORM
2008	and REMIC e	e-tilea Ketu	rns			3587	(e-file)
For calendar year 2 LP, LLP, or REMIC na	008 or fiscal year beginni me	ng month da	ay year	, and ending	month	day yea	r
DBA				Secreta	ary of State (S	OS) file number	
Address (including su	ite, room, PO Box, or PMB no	0.)					
City					State	ZIP Code	
Contact telephone no.		Do not send copy of return with payment voucher.			unt of payment	, , , , , 00	