Form 594 – Notice to Withhold Tax at Source

Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
	Byte Count			4	“nnnn” for variable	
	Start Of Record Sentinel			4	Value “****”	
0000	Record ID			34	Value “FRMbbb594bbbPG01b(9n)b(7n)” 7n=Form Occurrence Number; 9n=Taxpayer SSN	
0010	Withholding Agent’s Social Security Number		N	9		
0020	Withholding Agent’s FEIN		N	9		
0030	Withholding Agent’s Name		A	30		
0040	Date		DT	8	YYYYMMDD	
0050	Daytime Telephone Number		N	10		
*0060	Performance Dates –1st occurrence		AN	8	YYYYMMDD or “STMbnn”	
0062	Performance Dates – 2nd occurrence		DT	8	YYYYMMDD	
0064	Performance Dates – 3rd occurrence		DT	8	YYYYMMDD	
0066	Performance Dates – 4th occurrence		DT	8	YYYYMMDD	
0070	Withholding Rate		N	5	Percentage	
0080	Gross Amount Paid		N	12		
*0090	Venue		AN	30	Venue Name or “STMbnn”	
0100	Payment Due Date		DT	8	YYYYMMDD	
0110	Amount Withheld		N	12		
0120	Performing Entity Name		AN	30		
0130	Performing Entity Social Security Number		N	9		
0140	Address		AN	30		
0150	City, State, ZIP		AN	30		
0160	Performing Entity’s FEIN		N	9		
	Record Terminus Character			1	Value “#”	