

# 2008 Quarterly Nonresident Withholding Statement

# 592

Amended  Schedule of Payees provided electronically or on magnetic media

**FTB Use Only: Total Payment Enclosed:** \_\_\_\_\_ .00

**Payment Due Date:**  April 15, 2008  June 15, 2008  September 15, 2008  January 15, 2009

### Part I Withholding Agent

Name of Withholding Agent (Payer)		SSN or ITIN
Address (including suite, room, PO Box, or PMB no.)		FEIN or CA Corp no.
City	State	ZIP Code
Total Number of Payees Included	Total California Source Income Subject to Withholding _____ .00	

### Part II

Type of Income: Check one type only.

- 1. Payment to Independent Contractor (I/C)
- 2. Payment to I/C Entertainers/Athletes/Speakers
- 3. Trust Distributions
- 4. Rents or Royalties
- 5. Distributions to Domestic Nonresident S Corporation Shareholders/Partners/Members/Beneficiaries
- 6. Estate Distributions
- 7. Other \_\_\_\_\_

### Schedule of Payees

ID Number	ID Type	Total Quarterly Income
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.	
Name:		Amount of Tax Withheld
Address		
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.	
Name:		Amount of Tax Withheld
Address		
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.	
Name:		Amount of Tax Withheld
Address		

- 1 Total Tax Withheld (side 1) ..... ● 1 \_\_\_\_\_ .00
- 2 Total Tax Withheld including Side 2 and any additional pages ..... ● 2 \_\_\_\_\_ .00
- 3 Add line 1 and line 2. This is the total Tax Withheld ..... ● 3 \_\_\_\_\_ .00
- 4 Enter amounts of prior payments or amounts previously withheld by another entity and being allocated to the taxpayers listed above ..... ● 4 \_\_\_\_\_ .00
- 5 **Total Withhold Amount Due.** Subtract line 4 from line 3 ..... ● 5 \_\_\_\_\_ .00

### Part III Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is based on all information of which preparer has any knowledge.

Withholding Agent's name \_\_\_\_\_ Withholding Agent's daytime phone number ( ) \_\_\_\_\_

Withholding Agent's signature \_\_\_\_\_

Preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_

Preparer's address \_\_\_\_\_ Preparer's daytime phone number ( ) \_\_\_\_\_

# Quarterly Nonresident Withholding Statement

Name of Withholding Agent (Payer)	SSN, ITIN, FEIN, or CA Corp no.
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## Schedule of Payees

ID Number	ID Type <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.	Total Quarterly Income
Name:		Amount of Tax Withheld
Address		
ID Number	ID Type <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.	Total Quarterly Income
Name:		Amount of Tax Withheld
Address		
ID Number	ID Type <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.	Total Quarterly Income
Name:		Amount of Tax Withheld
Address		
ID Number	ID Type <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.	Total Quarterly Income
Name:		Amount of Tax Withheld
Address		
ID Number	ID Type <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.	Total Quarterly Income
Name:		Amount of Tax Withheld
Address		
ID Number	ID Type <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.	Total Quarterly Income
Name:		Amount of Tax Withheld
Address		

Total Tax Withheld this page ..... 00

# 2008 Instructions for Form 592

References in these instructions are to the California Revenue and Taxation Code (R&TC).

## What's New

Beginning January 1, 2008, tax withheld on California source payments made to domestic nonresidents is remitted to the Franchise Tax Board (FTB) on a quarterly basis (similar to estimated tax payments) using the revised Form 592, Quarterly Nonresident Withholding Statement. Form 592 includes a Schedule of Payees section that requires the withholding agent to identify the payment recipients (vendor/payee) and the income and withholding amounts. This schedule will allow the FTB to allocate the withholding payments to the taxpayer (payee) upon receipt of the completed Form 592.

This revised quarterly 2008 Form 592 process replaces the prior version of the 592, Nonresident Withholding Annual Return, and the 592-A, Nonresident Withholding Remittance Statement. In addition, when filing the revised Form 592 with the FTB, the withholding agent is no longer required to submit a Form 592-B, Nonresident Withholding Tax Statement to the FTB, for each payee. However, withholding agents must continue to provide the payees with paper Forms 592-B at the end of the year which show the total amount withheld for that year.

**Round Cents To Dollars** – Beginning with the 2007 tax forms, round cents to the nearest whole dollar. For example, round \$50.50 up to \$51 or round \$25.49 down to \$25. If you do not round, the FTB will disregard the cents. This change helps process your returns quickly and accurately.

## General Information

For California withholding purposes only, a reference in these instructions to:

- “Nonresident” includes individuals who are not residents of California, corporations not qualified through the California Secretary of State (SOS) to do business in California or having no permanent place of business in California, partnerships, or limited liability companies (LLCs) with no permanent place of business in California, any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.
- “Foreign” refers to non-U.S.

## Purpose

Use Form 592, Quarterly Nonresident Withholding Statement, to report the total withholding for each quarter under California Revenue and Taxation Code (R&TC) Section 18662. Also, Form 592 is used by pass-through entities to flow through withholding credit to their S corporation shareholders, partners, members, or beneficiaries.

**Important:** This form is also used to report and remit withholding payments by a resident payee.

**Do not** use Form 592 if you are the buyer or escrow person withholding on the sale of real estate. Use Form 593, Real Estate Withholding Tax Statement, to remit and report real estate withholding. **Do not** use Form 592 to report tax withheld on foreign partners. For more information regarding reporting tax withheld on foreign partners, get Form 592-A, Foreign Partner or Member Quarterly Withholding Remittance Statement and Form 592-F, Foreign Partner or Member Annual Return.

## Common Errors/Helpful Hints

If you are filing Form 592 only to flow through withholding credits to your S corporation shareholders, partners, members, or beneficiaries, enter your information in Part I as the withholding agent. **Do not** enter the name or ID number of the entity which originally withheld payments from you.

## When and Where to File

The tax withheld on payments to independent contractors, recipients of rents and royalties, distributions to domestic nonresident S corporation shareholders, partners, members, and beneficiaries of estates and trusts, are remitted quarterly. Each quarter has a specific payment due date. The payment quarters and due dates are:

For the payment quarter:	Due Date:
January 1 through March 31, 2008 . . . . .	April 15, 2008
April 1 through May 31, 2008 . . . . .	June 15, 2008
June 1 through August 31, 2008 . . . . .	September 15, 2008
September 1 through December 31, 2008 . . . . .	January 15, 2009

If the due date falls on a Saturday, Sunday, or legal holiday, use the next business day.

Send any payment due and Form 592 to:

FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0651

Federal law requires that payees be notified within 10 days of the quarterly installment payment date regarding any tax withheld. For California withholding purposes, withholding agents should make similar notification. No particular form is required for this notification, and it is commonly done on the statement accompanying the distribution or payment. However, the withholding agent may choose to report the tax withheld to the payee on a Form 592-B.

## Amending Form 592

Amended forms can only be filed by the withholding agent. To amend Form 592:

- Complete a new Form 592 with the correct information.
- Check the “Amended” box at the top of the revised form.
- Include a letter explaining what changes were made and why.
- Send the amended form and letter to the address listed below.

## Magnetic Media Requirements

Form 592 information must be filed with the FTB via magnetic media instead of paper when the number of payees on Form 592 and supplied Forms 592-B is 250 or more. However, withholding agents must continue to provide vendors/payees with paper Forms 592-B. Complete Form 592 (**do not complete the Schedule of Payees section**) and:

- Send the original Form 592 with any payment.
- Send a separate copy (marked “copy” at the top) with the disk to:

WITHHOLDING SERVICES AND  
COMPLIANCE  
FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0651

If you are the preparer for more than one withholding agent, provide a separate Form 592 and disk for each withholding agent. For the required file format and record layout, get FTB Pub. 1023Q, Nonresident Withholding Magnetic Media Requirements.

## Interest and Penalties

Interest on late payments is computed from the due date of the withholding to the date paid. Failure to withhold may result in the withholding agent being personally liable for the amount of tax that should have been withheld and for interest and penalties. Failure to provide correct Forms 592-B to the payees by the due date may result in penalties up to \$100 per Form 592-B.

## Specific Instructions

**Year** – Make sure the year in the upper left corner of Form 592 represents the calendar year in which the withholding took place. However, if current distribution represents prior taxable year California source income, attach a letter explaining that the distribution took place in the current withholding year, but was for a prior taxable year.

**Magnetic Media** – Check the box if providing the schedule of payees to the FTB electronically or via magnetic media.

**Magnetic media is required if you withheld on 250 or more payees.**

**Payment Due Date** – Check the appropriate box representing the quarterly due date for the tax withheld.

**Part I** – Enter the withholding agent’s name, ID number, and address. If your entity is an S corporation, partnership, LLC, estate, or trust that received payments or distributions that were withheld upon by another entity and you are flowing through the withholding credit to your S corporation shareholders, partners, members, or beneficiaries, enter your entity’s name, ID number, and address in the withholding agent area.

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

Enter the total number of payees listed on the Schedule of Payees.

Enter the total California source income subject to withholding from the attached schedule of payees.

**Part II**

**Type of Income** – Check the box that reflects the type of income withheld upon during this quarter. Only one type of income can be checked. If you withheld tax on more than one type of income for the quarter, submit a separate Form 592 for each type of income.

**Schedule of Payees** – Enter all the requested information for each payee you report as having received California source income to guarantee each payee’s withholding payment is timely and applied properly. If you withheld tax on multiple payees for the quarter, use additional pages as necessary, starting with Side 2. Be sure to include the withholding agent’s name and ID number at the top of each additional page.

**ID Number, Name, and Address** – Enter the identification number, name, and address for the payee.

**Total Quarterly Income** – Enter the amount of income withheld upon for the quarter.

**Amount of Tax Withheld** – Enter the amount withheld for the quarter.

**Line 1** – Enter the total tax withheld from the Schedule of Payees on Side 1.

**Line 2** – Enter the total tax withheld from any additional pages of the Schedule of Payees.

**Line 3** – Add line 1 and line 2. This is the total amount of tax withheld.

**Line 4** – Enter the amount withheld by another entity and being allocated to your S corporation shareholders, partners, members, or beneficiaries. If any of the amount withheld by the other entity is to be used against the tax owed by your entity, do **not** include that amount in line 4. Attach a note to Form 592 explaining how much of the credit will be used to offset your tax due.

**Line 5** – Subtract line 4 from line 3 and enter the balance due. If less than zero, enter -0-. Attach a check or money order for the full amount payable to the “Franchise Tax Board.” Write the withholding agent’s ID number and “2008 Form 592” on the check or money order.

**Part III** – Complete the withholding agent’s and preparer’s information.

**Additional Information**

For additional information or to speak to a representative regarding this form, call the Withholding Services and Compliance automated telephone service at: **(888) 792-4900** (toll-free) or **(916) 845-4900**.

OR write to:

WITHHOLDING SERVICES AND  
COMPLIANCE  
FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0651

For information on requirements to file a California tax return or to get forms, call:

From within the  
United States. . . . . (800) 852-5711  
From outside the  
United States. . . . . (916) 845-6500  
(not toll-free)

You can download, view, and print California tax forms and publications from our Website at **www.ftb.ca.gov**.

OR to get forms by mail write to:

TAX FORMS REQUEST UNIT  
FRANCHISE TAX BOARD  
PO BOX 307  
RANCHO CORDOVA CA 95741-0307

**Assistance for Persons with Disabilities**

We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call:

TTY/TDD . . . . . (800) 822-6268

**Asistencia Telefonica y en el Internet**

Dentro de los Estados Unidos,

llame al . . . . . (800) 852-5711

Fuera de los Estados

Unidos, llame al . . . . . (916) 845-6500  
(cargos aplican)

Sitio en el Internet: **www.ftb.ca.gov**

**Asistencia para personas discapacitadas**

Nosotros estamos en conformidad con el Acta de Americanos Discapacitados. Personas con problemas auditivos o de habla pueden llamar al TTY/TDD (800) 822-6268.