

2018 Foreign Partner or Member Annual Return

592-F

Amended Federal Extension

Taxable year: Beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Part I Withholding Agent Information

Business name		<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 instructions.)		State	ZIP code
Total Number of Foreign Partners or Members Included			

Part II Tax Withheld

- 1 Total tax withheld from Schedule of Payees, excluding backup withholding (Side 2 and any additional pages) **1** _____
- 2 Total backup withholding (Side 2 and any additional pages) **2** _____
- 3 **Add line 1 and line 2.** This is the total amount of tax withheld. **3** _____
- 4 Amount withheld by another entity and being allocated to partners or members **4** _____
- 5 Prior payments of foreign partners' or members' withholding for taxable year shown above **5** _____
- 6 Amount credited from prior year's withholding **6** _____
- 7 **Add line 4, line 5, and line 6.** This is the total amount of payments **7** _____
- 8 **Balance due.** If line 3 is more than line 7, subtract line 7 from line 3. Remit the withholding payment with the Supplemental Payment Voucher from Form 592-A, along with Form 592-F. **8** _____
- 9 **Overpayment.** If line 7 is greater than line 3, subtract line 3 from line 7 (complete lines 10 and 11)... **9** _____
- 10 **Credit to next year.** Enter the amount from line 9 that you want applied to the 2019 Form 592-F **10** _____
- 11 **Refund.** Subtract line 10 from line 9 **11** _____

Sign Here

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Under penalties of perjury, I declare that I have examined this form, 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.

Print or type withholding agent's name	
Withholding agent's signature	Date
Print or type preparer's name	
Preparer's signature	Preparer's PTIN
Preparer's address	Date
	Telephone ()

Preparer's Use Only

Withholding Agent Name: _____ Withholding Agent TIN: _____

Schedule of Payees (Enter business or individual name, not both.)

PRINT CLEARLY

Business name		<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.	
First name	Initial	Last name	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)			
City (If you have a foreign address, see instructions.)			State ZIP code
Total income	<input type="checkbox"/> If backup withholding , check the box.		Amount of tax withheld

Business name		<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.	
First name	Initial	Last name	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)			
City (If you have a foreign address, see instructions.)			State ZIP code
Total income	<input type="checkbox"/> If backup withholding , check the box.		Amount of tax withheld

Business name		<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.	
First name	Initial	Last name	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)			
City (If you have a foreign address, see instructions.)			State ZIP code
Total income	<input type="checkbox"/> If backup withholding , check the box.		Amount of tax withheld

Business name		<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.	
First name	Initial	Last name	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)			
City (If you have a foreign address, see instructions.)			State ZIP code
Total income	<input type="checkbox"/> If backup withholding , check the box.		Amount of tax withheld