

# 2020 Foreign Partner or Member Annual Withholding 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	

**Part II Pass-Through Entity Information**

Business name			<input type="checkbox"/> SSN or ITIN <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	
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**Part III Tax Withheld**

- 1 Total tax withheld from Schedule of Payees, excluding backup withholding . . . . . **1** \_\_\_\_\_
- 2 Total backup withholding . . . . . **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 2021 Form 592-F . . . . **10** \_\_\_\_\_
- 11 **Refund.** Subtract line 10 from line 9 . . . . . **11** \_\_\_\_\_

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for **1131**. To request this notice by mail, call 800.852.5711.

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.

**Sign Here**

Print or type withholding agent's name

Withholding agent's signature	Date
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Print or type preparer's name	Preparer's PTIN
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**Preparer's Use Only**

Preparer's signature	Date
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Preparer's address	Telephone
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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 <b>backup withholding</b> , 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 <b>backup withholding</b> , 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 <b>backup withholding</b> , 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 <b>backup withholding</b> , check the box.		Amount of tax withheld	