

# Resident and Nonresident Withholding Statement

**2020**

**592**

Amended:  Prior Year Distribution

Due Date:  April 15, 2020  June 15, 2020  September 15, 2020  January 15, 2021

**Part I Withholding Agent 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 Payees	
------------------------	--

**Part II Type of Income**

Check all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>A</b> Payments to Independent Contractors | <input type="checkbox"/> <b>D</b> Distributions to Domestic Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders | <input type="checkbox"/> <b>F</b> Elective Withholding                 |
| <input type="checkbox"/> <b>B</b> Trust Distributions                 | <input type="checkbox"/> <b>E</b> Estate Distributions  | <input type="checkbox"/> <b>G</b> Elective Withholding by Indian Tribe |
| <input type="checkbox"/> <b>C</b> Rents or Royalties                  |   | <input type="checkbox"/> <b>I</b> Other _____                          |

**Part III 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 <b>Add line 1 and line 2.</b> This is the total amount of tax withheld .....	■ 3	_____
4 Amount of prior payments not previously distributed .....	■ 4	_____
5 Amount withheld by another entity and being distributed .....	■ 5	_____
6 <b>Add line 4 and line 5.</b> This is the total amount of payments .....	■ 6	_____
7 <b>Total Withholding Amount Due.</b> Subtract line 6 from line 3. Remit the withholding payment with Form 592-V, along with Form 592. ....	■ 7	_____

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**

**Preparer's Use Only**

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

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