1021	- Passinrough Entity /	Annual			592-PTE
Amended:	Withholding Return Prior Year Distribution •	Total Withholding at End of Ye	ar • 🗌	Total N	JJZ-FIL
	hholding Agent Information				
Business nam			SSN or ITI	N □FE	IN CA Corp no. CA SOS file no
First name	Initial Last name				Telephone
Address (apt./s	ste., room, PO box, or PMB no.)				
City (If you hav	e a foreign address, see instructions.)			State	ZIP code
	ass-Through Entity Information (If there is r	• •	-		,
Business nam	e			A Corp r	no. \Box CA SOS file no
Address (apt./s	ste., room, PO box, or PMB no.)				
City (If you hav	ve a foreign address, see instructions.)			State	ZIP code
Contact's full r	name				Contact's telephone
Contact's ema	il address	1	Amount of tax	withhel	d
Dout III T	ax Withheld				•
			— .		
1 lotal tax w	ithheld from Schedule of Payees, excluding backup	withholding	. 🖬 1 📖		F
2 Total backı	ıp withholding		. 2		
3 Add line 1	and line 2. This is the total amount of tax withheld		. 🔳 3 📖		
4 Amount of	prior payments not previously distributed		. 🗖 4 💷		ŧ
5 Amount wi	thheld by another entity and being distributed		. 🔳 5 📖		••••••
6 Add line 4	and line 5. This is the total amount of payments		. 🗖 6 📖		•
	holding Amount Due. Subtract line 6 from line 3. Re	• • •			
Form 592-	Q, along with Form 592-PTE		. 🗖 7 📖		
	To learn about your privacy rights, how we may use you go to ftb.ca.gov/forms and search for 1131 . To request	ir information, and the consequences for no this notice by mail, call 800.852.5711.	ot providing th	e reque	sted information,
	Under penalties of perjury, I declare that I have examine belief, it is true, correct, and complete. Declaration of purplicity of the withholding agent's name	d this form, including accompanying sched	sed on all info	rmation	of which preparer has any knowledge
Ciar	renin or type withholding agent's name			elephon	C .
Sign Horo	Withholding agent's signature		D	ate	
Here	Print or type preparer's name		P	reparer'	s PTIN
Preparer's Use Only	Preparer's signature		D	ate	
coc only	Preparer's address		Te	elephon	e

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Withholding Agent Name: ______ Withholding Agent TIN:_____

Schedule of Payees (Enter busines	ss or indivic	dual name, not both.)			PRINT CLEARLY
Business name			FEIN D	CA Co	rp no. □CA SOS file no.
First name	Initial Las	st name			SSN or ITIN
Address (apt./ste., room, PO box, or PMB n	.)				
City (If you have a foreign address, see inst	ructions.)		5	State	ZIP code
Total income		If backup withholding , check the box.	Amount of tax	k withe	ld ∎
Business name				CA Co	rp no. □CA SOS file no.
First name	Initial Las	st name			SSN or ITIN
Address (apt./ste., room, PO box, or PMB n	10.)				
City (If you have a foreign address, see inst	ructions.)		S	State	ZIP code
Total income		If backup withholding , check the box.	Amount of tax	k withe	ld
·•					•
Business name				CA Co	rp no. □CA SOS file no.
Business name First name	Initial Las	st name	FEIN D	CA Co	rp no. CA SOS file no.
		st name	FEIN 0	CA Co	
First name	no.)	st name			
First name Address (apt./ste., room, PO box, or PMB n	no.)	st name		State	SSN or ITIN ZIP code
First name Address (apt./ste., room, PO box, or PMB n City (If you have a foreign address, see inst	no.)		Amount of tax	State	SSN or ITIN ZIP code
First name Address (apt./ste., room, PO box, or PMB n City (If you have a foreign address, see inst Total income	no.)	If backup withholding , check the box.	Amount of tax	State	SSN or ITIN ZIP code
First name Address (apt./ste., room, PO box, or PMB n City (If you have a foreign address, see inst Total income 	Ino.)	If backup withholding , check the box.	Amount of tax	State	SSN or ITIN ZIP code eld rp no. □CA SOS file no.
First name Address (apt./ste., room, PO box, or PMB n City (If you have a foreign address, see inst Total income Business name First name	Inc.)	If backup withholding , check the box.	Amount of tax	State < withe CA Co	SSN or ITIN ZIP code eld rp no. □CA SOS file no.

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Schedule of Pass-Through Entities (Pass-Through Entity Information, continued from	1 alt II.)		PRINT CLEARLY		
Business name	FEIN CA Corp no. CA SOS file no				
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instructions.)		State	ZIP code		
Contact's full name			Contact's telephone		
Contact's email address	Amount of tax	withhel	d 		
Business name	□FEIN □CA	Corp r	no. □CA SOS file no		
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instructions.)		State	ZIP code		
Contact's full name	·		Contact's telephone		
Contact's email address	Amount of tax	withhel	d 		
		-			
Business name	∐FEIN ∐CA	Corp r	no. □CA SOS file no		
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instructions.)		State	ZIP code		
Contact's full name			Contact's telephone		
Contact's full name Contact's email address	Amount of tax	withhel			
Contact's email address			d		
Contact's email address Business name					
Contact's email address Business name Address (apt./ste., room, PO box, or PMB no.)			d		
Contact's email address Business name			d		
Contact's email address Business name Address (apt./ste., room, PO box, or PMB no.)		Corp r	d 		
Contact's email address Business name Address (apt./ste., room, PO box, or PMB no.) City (If you have a foreign address, see instructions.)	FEIN CA	Corp r State	d no. □CA SOS file no ZIP code Contact's telephone		

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