

2022

Pass-Through Entity Annual Withholding Return

592-PTE

Amended: [] Prior Year Distribution [] Total Withholding at End of Year [] Total Number of Payees _____

Part I Withholding Agent Information

Form for Part I: Business name, SSN or ITIN, FEIN, CA Corp no., CA SOS file no, First name, Initial, Last name, Telephone, Address, City, State, ZIP code.

Part II Pass-Through Entity Information (If there is more than one Pass-Through Entity, use Side 3 to continue.)

Form for Part II: Business name, FEIN, CA Corp no., CA SOS file no, Address, City, State, ZIP code, Contact's full name, Contact's telephone, Contact's email address, Amount of tax withheld.

Part III Tax Withheld

- 1 Total tax withheld from Schedule of Payees, excluding backup withholding
2 Total backup withholding
3 Add line 1 and line 2. This is the total amount of tax withheld
4 Amount of prior payments not previously distributed
5 Amount withheld by another entity and being distributed
6 Add line 4 and line 5. This is the total amount of payments
7 Total Withholding Amount Due. Subtract line 6 from line 3. Remit the withholding payment with Form 592-Q, along with Form 592-PTE.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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

Form for Sign Here and 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 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

Withholding Agent Name: _____ Withholding Agent TIN: _____

Schedule of Pass-Through Entities (Pass-Through Entity Information, continued from Part II.)

PRINT CLEARLY

Business name	<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 withheld _____	

Business name	<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 withheld _____	

Business name	<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 withheld _____	

Business name	<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 withheld _____	