TAXABLE YEAR

2022

Pass-Through Entity Annual Withholding Return

CALIFORNIA FORM

592-PTE

Amended:●	led:● ☐ Prior Year Distribution ● ☐ Total Withholding at End of Year ● ☐ □		Total N	Total Number of Payees	
Part I Wit	hholding Agent Information				
Business nam		SSN or ITI	SSN or ITIN ☐FEIN ☐CA Corp no. ☐CA SOS file no		
First name	Initial Last name	J.		Telephone	
Address (apt./	ste., room, PO box, or PMB no.)				
City (If you ha	ve a foreign address, see instructions.)		State	ZIP code	
Dort II D	ass-Through Entity Information (If there is more than one Pass-Through Entit	v uso Sido i	2 to 00	ntinuo \	
Part II Pa		-			
		FEIN LC	A Corp r	no. CA SOS file no	
Address (apt./	ste., room, PO box, or PMB no.)				
City (If you ha	ve a foreign address, see instructions.)		State	ZIP code	
Contact's full name				Contact's telephone	
Contact's ema	il address	Amount of tax	tax withheld		
Part III	ax Withheld				
1 Total tax w	rithheld from Schedule of Payees, excluding backup withholding	■1			
2 Total back	up withholding	■2			
3 Add line 1	and line 2. This is the total amount of tax withheld	■3			
	prior payments not previously distributed				
	ithheld by another entity and being distributed				
	and line 5. This is the total amount of payments	■७		-	
	holding Amount Due. Subtract line 6 from line 3. Remit the withholding payment with Q, along with Form 592-PTE	■7			
	Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. form code 948 when instructed.	about our priv To request this	acy poli notice b	cy statement, or go to ftb.ca.gov/forms by mail, call 800.338.0505 and enter	
	Under penalties of perjury, I declare that I have examined this form, including accompanying schebelief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is b	dules and state ased on all info	ements, a	and to the best of my knowledge and of which preparer has any knowledge.	
Sign	Print or type withholding agent's name	Т	elephon	e	
Here	Withholding agent's signature	С	Date		
	Print or type preparer's name	F	reparer'	s PTIN	
Preparer's Use Only	Preparer's signature	C	Date		
•	Preparer's address	Т	elephon	e	
	<u> </u>				

Withholding Agent Name:	Withholding Agent TIN	V:	
Schedule of Payees (Enter business or	r individual name, not both.)		PRINT CLEARLY
Business name		□FEIN □ CA C	orp no. CA SOS file no.
First name	Initial Last name		SSN or ITIN
riist name	lillida Last Harrie		33N 01 11 IN
Address (apt./ste., room, PO box, or PMB no.)			
City (If you have a foreign address, see instruction	ons.)	State	ZIP code
Total income	If backup withholding , check the box.	Amount of tax with	eld
Business name		□FEIN □ CA C	orp no. CA SOS file no.
First name	Initial Last name		SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)			<u> </u>
City (If you have a foreign address, see instruction	ons.)	State	ZIP code
Total income	If backup withholding , check the box.	Amount of tax with	eld
Business name			orp no. □CA SOS file no.
			o.p. no. = 0.1.000 me 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 instruction	ons.)	State	ZIP code
Total income	If backup withholding , check the box.	Amount of tax with	eld
Business name		FEIN CAC	orp no. CA SOS file no.
First name	Initial Last name		SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)	<u> </u>		1
City (If you have a foreign address, see instruction	ons.)	State	ZIP code
Total income	If backup withholding , check the box.	Amount of tax with	

Withholding Agent Name: Withholding Agent TIN:					
Schedule of Pass-Through Entities (Pass-Through Entity Information, continued from Pa	ırt II.)		PRINT CLEARLY		
Business name	FEIN CA Corp no		o. CA SOS file no		
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instructions.)			ZIP code		
Contact's full name			Contact's telephone		
Contact's email address	Amount of tax w	vithheld	d 		
Business name	☐FEIN ☐CA Corp no. ☐CA SOS file no				
Address (apt./ste., room, PO box, or PMB no.)					
ty (If you have a foreign address, see instructions.)			ZIP code		
Contact's full name			Contact's telephone		
Contact's email address	Amount of tax withheld				
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		
act's email address Amount of tax withhere		vithheld	i •		
Business name			Corp no. □CA SOS file no		
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instructions.)			ZIP code		
Contact's full name			Contact's telephone		
Contact's email address	Amount of tax withheld		d		

8613223 Form 592-PTE 2021 **Side 3**