

2026

# 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**

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

**Part II Pass-Through Entity Information** (Only complete if Part III, line 5 applies. If there is more than one pass-through entity, use Side 3 to continue.)

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 _____	

**Part III Tax Withheld**

1	Total tax withheld from Schedule of Payees, excluding backup withholding . . . . .	1	_____
2	Total backup withholding . . . . .	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 (Complete Part II above) . . . . .	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-Q, along with Form 592-PTE. . . . .	7	_____

**Sign Here**

**Preparer's Use Only**

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](https://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](https://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.

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

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 _____	

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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 _____	