

# Resident and Nonresident Withholding Statement

2026

592

Amended: Prior Year Distribution Due Date: 

April 15, 2026

June 15, 2026

September 15, 2026

January 15, 2027

**Part I Withholding Agent Information**

Business name

 SSN or ITIN  FEIN  CA Corp no.  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.  Payments to Independent Contractors Distributions to Domestic Nonresident Elective Withholding Trust DistributionsPartners/Members/Beneficiaries/  
S Corporation Shareholders Elective Withholding by Indian Tribe Rents or Royalties Estate Distributions 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 **Add line 1 and line 2.** 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 **Add line 4 and line 5.** This is the total amount of payments ..... **■ 6** \_\_\_\_\_7 **Total Withholding Amount Due.** Subtract line 6 from line 3. Remit the withholding payment withForm 592-V, along with Form 592. ..... **■ 7** \_\_\_\_\_

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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