

2026**Resident and Nonresident
Withholding Statement****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 IncomeCheck all that apply. ☒**A** ☐ Payments to Independent Contractors**D** ☐ Distributions to Domestic Nonresident
Partners/Members/Beneficiaries/
S Corporation Shareholders**F** ☐ Elective Withholding**B** ☐ Trust Distributions**G** ☐ Elective Withholding by Indian Tribe**C** ☐ Rents or Royalties**E** ☐ Estate Distributions**H** ☐ 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** _____

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.

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

**Sign
Here****Preparer's
Use Only**

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