

**Example #8B: Partner #3's Corrected Form 592-B**

**Do not** write amended on Partner #3's 592-B since this is the first Form 592-B for Partner #3.

YEAR		CALIFORNIA FORM
2006	<b>Nonresident Withholding Tax Statement</b>	<b>592-B</b>

Attach to Form 592 for each recipient. **Copy A** FOR FRANCHISE TAX BOARD

**Part I Recipient**

Recipient's name Partner # 3	<input checked="" type="checkbox"/> SSN or ITIN 000-14-0000
Address (number and street, PO Box, Rural Route, APT no., Suite, Room, or PMB no.) 101 Easee Street	<input type="checkbox"/> FEIN <input type="checkbox"/> CA corp. no.
City Somewhere	State PA
	ZIP Code 88888
	Country

**Part II Withholding agent**

Withholding agent's (payer's/S corporation's/partnership's/limited liability company's) name Partnership E	<input type="checkbox"/> SSN or ITIN
Address (number and street, PO Box, Rural Route, APT no., Suite, Room, or PMB no.) 90 Yellow Brick Road	<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> CA corp. no. 070707070
City Anywhere	State CA
	ZIP Code 99999
	Daytime telephone number ( 999 ) 987-6543x6789

**Part III Type of income subject to withholding.** Check the applicable box(es).

<input type="checkbox"/> Payment to Independent Contractor	<input type="checkbox"/> Rents or Royalties	<input type="checkbox"/> Estate Distributions	<input type="checkbox"/> Trust Distributions	<input type="checkbox"/> Allocations to Foreign (non-U.S.) Nonresident Partner/Member	<input checked="" type="checkbox"/> Distributions to Domestic (U.S.) Nonresident S corporation Shareholder/Partner/Member	<input type="checkbox"/> Other _____ (describe)
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**Part IV Tax Withheld**

1 Total amount subject to withholding .....	1	30,800	00
2 Total California tax withheld .....	2	2,156	00

**Lines 1 and 2: Enter the correct amounts.**