TAXABLE YEAR

2023

## Foreign Partner or Member Annual Withholding Return

CALIFORNIA FORM

592-F

Amended	Federal Exten	sion	All members or partners foreig	n • 🔲	Total Number of Foreign Partners or Members Included		
Taxable year: Beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)							
Part I Withholding Agent Information							
Business name	9				FEIN ☐ CA Corp no. ☐ CA SOS file no.		
First name		Initial	Last name		Telephone		
Address (apt./s	ste., room, PO box, or PMB no.)						
City (If you have a foreign address, see instructions.)  State ZIP code							
Part II Pa	ss-Through Entity Information	n (C	Only complete if Part III, line 4 applies. If there is more	than one p	ass-through entity, use Side 3 to continue)		
Business name	Business name						
Address (apt./ste., room, PO box, or PMB no.)							
City (If you have	City (If you have a foreign address, see instructions.)  State ZIP code						
Contact's full n	ame				Contact's telephone		
Contact's emai	I address			Amount of ta	ax withheld		
Part III Ta	x Withheld						
1 Total tax v	vithheld from Schedule of Paye	es, ex	cluding backup Withholding	. 🔳 1 🕳			
2 Total back	cup withholding			2 _			
3 Add line 1	I and line 2. This is the total an	nount	of tax withheld	. 3 _			
4 Amount w	rithheld by another entity and be	ng al	ocated to partners or members (complete Part II above	). <b>4</b>			
5 Prior payments of foreign partners' or members' withholding for taxable year shown above <b>5</b>							
6 Amount c	redited from prior year's withho	lding		. 🔳 6			
7 Add line 4, line 5, and line 6. This is the total amount of payments							
8 Balance due. If line 3 is more than line 7, subtract line 7 from line 3. Remit the withholding payment with the Supplemental Payment Voucher from Form 592-A along with Form 592-F							
9 Overpaym	nent. If line 7 is greater than line	e 3, s	ubtract line 3 from line 7 (complete lines 10 and 11)	. 🔳 9 🔣			
10 Credit to next year. Enter the amount from line 9 that you want applied to the 2024 Form 592-F ■ 10							
<b>11 Refund.</b> Subtract line 10 from line 9							
			al tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn EN-SP, Franchise Tax Board Privacy Notice on Collection.				
Sign	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.						
Here	Print or type withholding agent's	name					
	Withholding agent's signature				Date		
Preparer's Use Only	Print or type preparer's name				Preparer's PTIN		
	Preparer's signature				Date		
	Preparer's address				Telephone		

Withholding Agent Name:	Withholding Agent TIN	l:	
Schedule of Payees (Enter business or indivi	idual name, not both.)		PRINT CLEARLY
Business name		□FEIN □ CA Co	orp no. CA SOS file no.
First name Initial La	ast 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	if backup withholding, check the box.	Amount of tax with	eld
Business name		FEIN CA CO	orp no. □CA SOS file no.
First name Initial La	ast name	0	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	If backup withholding, check the box.	Amount of tax with	eld
Business name		DEEIN DOAC	orp no. □CA SOS file no.
		PEIN LICACO	
	ast name		SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)	$\lambda$ , $\sim$ 0),		
City (If you have a foreign address, see instructions.)	0 (1)	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 La	ast name		SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)	2		
City (If you have a foreign address, see instructions.)		State	ZIP code
Total income	If backup withholding, check the box.	Amount of tax with	eld

Withholding Agent Name:	Withholding Agent TIN:
Schedule of Pass-Through Entities (Pass-Through Entity Information	ation, continued from Part II.) PRINT CLEARLY
Business name	☐FEIN ☐CA Corp no. ☐CA SOS file no
Address (apt./ste., room, PO box, or PMB no.)	<u> </u>
ν,	
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	FEIN CA Corp no. CA SOS file no
Address (apt./ste., room, PO box, or PMB no.)	
Address (apt./sie., 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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Business name	FEIN CA Corp no. CA SOS file no
	J. Liv Box oaspins: Box oso incino
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	□FEIN □CA Corp no. □CA SOS file no
Address (apt./ste., room, PO box, or PMB no.)	
Address (apt./sie., 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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8083233 Form 592-F 2022 **Side 3**