

Foreign Partner or Member Annual Withholding Return

2024

592-F

Amended Federal Extension All members or partners foreign 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		<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 4 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	Add line 1 and line 2. This is the total amount of tax withheld.	3	_____
4	Amount withheld by another entity and being allocated to partners or members (complete Part II above).	4	_____
5	Prior payments of foreign partners' or members' withholding for taxable year shown above	5	_____
6	Amount credited from prior year's withholding	6	_____
7	Add line 4, line 5, and line 6. This is the total amount of payments	7	_____
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.	8	_____
9	Overpayment. If line 7 is greater than line 3, subtract 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 2025 Form 592-F	10	_____
11	Refund. Subtract line 10 from line 9	11	_____

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.

Sign Here

Print or type withholding agent's name	
Withholding agent's signature	Date
Print or type preparer's name	
Preparer's signature	Preparer's PTIN
Preparer's address	
Preparer's signature	Date
Preparer's address	
Telephone	

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	

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	

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Address (apt./ste., room, PO box, or PMB no.)		
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