**2025** 

CALIFORNIA FORM

## Pass-Through Entity Annual Withholding Return

OA DEF					
147.PIF	59	2.	P٦	ΓF	

Amended:●	Prior Year Distribution • Total Withholding at	End of Year ● □	Total Number of <b>Payees</b>	
Part I With	nholding Agent Information			
Business nan		☐SSN or IT	IN □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 ha	ve a foreign address, see instructions.)		State ZIP code	
Part II Pas	ss-Through Entity Information (Only complete if Part III, line 5 applies. If there	is more than one pass	through entity, use Side 3 to continue.)	
Business nan	ne	□FEIN □C	A Corp no. CA SOS file no.	
Address (apt./	ste., room, PO box, or PMB no.)			
City (If you ha	ve a foreign address, see instructions.)	10	State ZIP code	
Contact's full	name		Contact's telephone	
Contact's ema	ail address	Amount of ta	× withheld	
Part III Ta	x Withheld	0-	•	
1 Total tax w	vithheld from Schedule of Payees, excluding backup withholding			
	up withholding			
3 Add line 1	and line 2. This is the total amount of tax withheld			
4 Amount of	prior payments not previously distributed	■4		
<b>5</b> Amount w	ithheld by another entity and being distributed (Complete Part II above)			
	and line 5. This is the total amount of payments			
	holding Amount Due: Subtract line 6 from line 3. Remit the withholding paymen			
	Q, along with Form 592-PTE	<b>I</b> 7 —	•	
	Our privacy notice can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/priv</b> and search for <b>1131</b> to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on form code <b>948</b> when instructed	acy to learn about our pri Collection. To request this	vacy policy statement, or go to <b>ftb.ca.gov/forms</b> s notice by mail, call 800.338.0505 and enter	
	Under penalties of perjury, I declare that I have examined this form, including accompabelief, it is true, correct, and complete. Declaration of preparer (other than withholding			
Sign	Print or type withholding agent's name		Telephone	
Here	Withholding agent's signature	1	Date	
	Print or type preparer's name	Į.	Preparer's PTIN	
Preparer's Use Only	Preparer's signature	1	Date	
	Preparer's address	-	Telephone	
	1			

Schedule of Payees (Enter business or individual name, not both.)    Business name	
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.)  Business name Initial Last name SSN or ITIN  Business 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.)  Total income Initial Last name SSN or ITIN  Business name Initial Last name Initial Last name SSN or ITIN  Business name Initial Last name I	LEARLY
Address (apt./ste., room, PO box, or PMB no.)  City (If you have a foreign address, see instructions.)  Business name    If backup withholding, check the box.	
City (If you have a foreign address, see instructions.)  State ZIP code  Amount of tax witheld  Business name	
Total income  If backup withholding, check the box.  Amount of tax witheld  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.)  Total income  If backup withholding, check the box.  Business name	
Business name    If backup withholding, check the box.	
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.)  Total income Initial Last name SSN or ITIN  Address (apt./ste., room, PO box, or PMB no.)  State ZIP code  Amount of tax witheld  FEIN CA Corp no. CA SOS file no.	
Address (apt./ste., room, PO box, or PMB no.)  City (If you have a foreign address, see instructions.)  Total income  If backup withholding, check the box.  Business name    CA Corp no.   CA SOS file no.	
City (If you have a foreign address, see instructions.)  Total income  If backup withholding, check the box.  Business name    CA Corp no.   CA SOS file no.	
Total income  If backup withholding, check the box.  Business name  Amount of tax witheld  FEIN CA Corp no. CA SOS file no.	
Business name	
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  If backup withholding, check the box.  Amount of tax witheld	
Business name □ FEIN □ CA Corp no. □ 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  If backup withholding, check the box.  Amount of tax witheld	

Withholding Agent Name: Withholding A	gent TIN:	
Schedule of Pass-Through Entities (Pass-Through Entity Information, continued	from Part II.)	PRINT CLEARLY
Business name	□FEIN □CA Corp r	no. CA SOS file no.
Address (apt./ste., room, PO box, or PMB no.)		
(4,5,1,5,1,5,1,5,1,5,1,5,1,5,1,5,1,5,1,5,		
City (If you have a foreign address, see instructions.)	State	ZIP code
Contact's full name	<u> </u>	Contact's telephone
Contact's email address	Amount of tax withhel	d
Business name	FEIN DCA Corp r	no CA SOS file no
	L.L. Eurosipi	10. 110. 110.
Address (apt./ste., room, PO box, or PMB no.)	10	<b>N</b> .
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 withhele	d
		•
Business name	□FEIN □CA Corp r	no. 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 withhel	d
		<u> </u>
Business name	□FEIN □CA Corp r	no. □CA SOS file no.
Address (apt./ste., room, PC box, or PMB no.)	I	
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 withhel	d

8613253

Form 592-PTE 2024 **Side 3**