

# Resident and Nonresident Withholding Statement

## 2025

## 592

Amended:  Prior Year Distribution

Due Date:  April 15, 2025  June 16, 2025  September 15, 2025  January 15, 2026

### 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 Income

Check all that apply.

- A Payments to Independent Contractors
- B Trust Distributions
- C Rents or Royalties
- D Distributions to Domestic Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders
- E Estate Distributions
- F Elective Withholding
- G Elective Withholding by Indian Tribe
- I 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 with Form 592-V, along with Form 592.  7

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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

### Preparer's Use Only

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

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