

2020 Foreign Partner or Member Annual Withholding Return 592-F

Amended [] Federal Extension []

Taxable year: Beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Part I Pass-through Entity Information

Business name, SSN or ITIN, FEIN, CA Corp no., CA SOS file no., First name, Initial, Last name, Telephone, Address, City, State, ZIP code

Part II Withholding Agent Information

Business name, SSN or ITIN, FEIN, CA Corp no., CA SOS file no., First name, Initial, Last name, Telephone, Address, City, State, ZIP code, Total Number of Foreign Partners or Members Included

Part III Tax Withheld

Table with 11 rows for tax withheld calculations: Total tax withheld, Total backup withholding, Add line 1 and line 2, Amount withheld by another entity, Prior payments, Amount credited, Add line 4, line 5, and line 6, Balance due, Overpayment, Credit to next year, Refund.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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 PTIN

Preparer's Use Only

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	