TAXABLE YEAR

2020 Foreign Partner or Member Annual Withholding Return

592-F

Amended	Federal Extension	1							
Taxable year:	Beginning (mm/dd/yyyy)	m/dd/yyyy)							
Part I Pass-through Entity Information									
Business name	9			SSN or ITIN	FEIN CA Corp no. CA SOS file no.				
First name		Initial	Last name		Telephone				
Address (apt./s	ste., room, PO box, or PMB no.)	<u> </u>							
City (If you hav	City (If you have a foreign address, see instructions.) State ZIP code								
Part II Wi	thholding Agent Information	on							
Business name	9			SSN or ITIN	I □ FEIN □ CA Corp no. □ CA SOS file no.				
First name		Initial	Last name		Telephone				
		Innua	Last name						
Address (apt./s	ste., room, PO box, or PMB no.)				$\mathbf{\cap}$				
City (If you hav	e a foreign address, see instructio	ns.)		St	tate ZIP code				
Total Number of or Members In	of Foreign Partners cluded								
Part III Ta									
1 Total tax v	vithheld from Schedule of Paye	es, ex	cluding backup withholding						
2 Total backup withholding									
3 Add line 1 and line 2. This is the total amount of tax withheld									
4 Amount w	vithheld by another entity and be	eing a	Ilocated to partners or members	🔳 4	••••••				
5 Prior payr	nents of foreign partners' or me	embe	s' withholding for taxable year shown above	🔳 5	••••••				
6 Amount credited from prior year's withholding									
7 Add line 4	I, line 5, and line 6. This is the	tota	amount of payments	🗖 7	•••••••				
		-	ract line 7 from line 3. Remit the withholding paym Form 592-A, along with Form 592-F						
			ubtract line 3 from line 7 (complete lines 10 and 11)						
			e 9 that you want applied to the 2021 Form 592-F .						
11 Refund. Subtract line 10 from line 9 11									
	Under penalties of perjury, I decla	are th	To request this notice by mail, call 800.852.5711. It I have examined this form, including accompanying sc	hedules and stat	ements, and to the best of my knowledge and				
Cian	belief, it is true, correct, and com Print or type withholding agent's		Declaration of preparer (other than withholding agent) is	s based on all inf	ormation of which preparer has any knowledge.				
Sign									
Here	Withholding agent's signature				Date				
	Print or type preparer's name			F	Preparer's PTIN				
Preparer's Use Only	Preparer's signature			[Date				
Jac Only	Preparer's address				Telephone				

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Withholding Agent Name: Withholding Agent TIN:					
Schedule of Payees (Enter business	s or individual name, not both.)		PRINT CLEARLY		
Business name			corp no. CA SOS file no.		
First name	Initial Last name	I	SSN or ITIN		
Address (apt./ste., room, PO box, or PMB no.)				
City (If you have a foreign address, see instru	ictions.)	State	ZIP code		
Total income	if backup withholding, che	eck the box.	reld		
Business name			orp 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 instru	ictions.)	State	ZIP code		
Total income	If backup withholding, che	Amount of tax with	eld		
Business name			orp no. CA SOS file no.		
First name	Initial Last name		SSN or ITIN		
Address (apt./ste., room, PO box, or PMB no.)	$\overline{\mathbf{O}}$	-		
City (If you have a foreign address, see instru	ictions.)	State	ZIP code		
Total income	If backup withholding, che	Amount of tax with	elde		
Business name			corp no. □CA SOS file no.		
First name	Initial Last name		SSN or ITIN		

rirst name		ast name						
Address (apt./ste., room, PO box, or PMB no.)								
City (If you have a foreign address, see instruction	าร.)		Stat	e ZIP code				
Total income			Amount of tax wi	theld				
		If backup withholding , check the box.		=				

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