TAXABLE YEAR

Foreign Partner or Member Annual Withholding Return 2020

592-F

Amended	Federal Extensio	on 🔸 🗖				
	Beginning (mm/dd/yyyy)		, and endin	g (mm/dd/yyyy)		<u> </u>
	hholding Agent Information	วท				
Business name	e				IN CA Corp no. CA	SOS file no.
First name		Initial Last name			Telephone	
Address (apt./s	ste., room, PO box, or PMB no.)					
City (If you hav	ve a foreign address, see instruction	ons.)		Stat	ZIP code	
Part II Pa	ss-Through Entity Information	ation				
Business name	e			SSN or ITIN	FEIN CA Corp no.	CA SOS file no.
First name		Initial Last name			Telephone	
Thist name		Last name			Telephone	
Address (apt./s	ste., room, PO box, or PMB no.)					
City (If you hav	ve a foreign address, see instruction	ons.)		Stat	e ZIP code	
Total Number of or Members In	of Foreign Partners cluded					K
Part III Ta	ax Withheld					
1 Total tax v	withheld from Schedule of Paye	ees, excluding backup	o withholding	1		
2 Total back	kup withholding					•
3 Add line	1 and line 2 . This is the total a	mount of tax withheld	1	🔳 3		
4 Amount w	vithheld by another entity and b	being allocated to part	tners or members	4		
5 Prior payı	ments of foreign partners' or m	embers' withholding	for taxable year shown above .	🔳 5		
6 Amount c	redited from prior year's withh	olding		6		
7 Add line	4, line 5, and line 6. This is th	e total amount of pay	vments	🗖 7		•
			n line 3. Remit the withholding plong with Form 592-F.	·		
			rom line 7 (complete lines 10 ar			
			int applied to the 2021 Form 592			
	To learn about your privacy right	ts, how we may use you	ur information, and the consequen			
			notice by mail, call 800.852.5711.	ing approdulate and states	anta and to the best of m	u knowladza and
	belief, it is true, correct, and con	nplete. Declaration of p	ed this form, including accompany preparer (other than withholding ag	ent) is based on all infor	mation of which preparer h	as any knowledge.
Sign	Print or type withholding agent's	s name				
Here	Withholding agent's signature			Da	to	
Here				Da	le	
	Print or type preparer's name			Pre	eparer's PTIN	
Preparer's	Preparer's signature			Da	te	
Use Only	Preparer's address				ephone	
					opholic	
	I					

Withholding Agent Name:		Withholding Agent TI		
Schedule of Payees (Enter business	or individual n	iame, not both.)		PRINT CLEARLY
Business name	FEIN CA Co	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 instruc	tions.)		State	ZIP code
Total income	If	If backup withholding , check the box.	Amount of tax with	ald
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 instruc	tions.)			ZIP code
Total income	If	If backup withholding, check the box.	Amount of tax withe	eld
Business name		79 6		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 instruc	tions.)	NU	State	ZIP code
Total income			Amount of tax with	eld

Total income	If backup withholding, check the box.	Amount of tax with	əld
Business name			rrp no. □CA SOS file no.
First name	Initial Last name		SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)	6		
City (If you have a foreign address, see instruction	ns.)	State	ZIP code
Total income	If backup withholding , check the box.	Amount of tax with	əld

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