TAXABLE YEAR
2020

Pass-Through Entity Annual Withholding Return

CALIFORNIA FORM
592-PTE

Amended: ● ☐   Prior Year Distribution ● ☐   Total Withholding ~~Paid~~ at End of Year ● ☐

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 (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.)	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 (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 III Tax Withheld

1 Total tax withheld from Schedule of Payees, excluding backup withholding . . . . ■ 1 _____.____

2 Total backup withholding. . . . . ■ 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-Q, along with Form 592-PTE. . . . . ■ 7 _____.____

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	Telephone
Withholding agent's signature ▶	Date

Preparer's Use Only

Print or type preparer's name	Preparer's PTIN
Preparer's signature ▶	Date
Preparer's address	Telephone

8611203

Form 592-PTE (New 2019) **Side 1**

Withholding Agent Name: _____ Withholding Agent TIN:_____

Schedule of Payees (Enter business or individual name, not both.) **PRINT CLEARLY**

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 _____._____

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 _____._____

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 _____._____

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 _____._____

Side 2   Form 592-PTE (New 2019)   8611203