TAXABLE YEAR

CALIFORNIA FORM

2019 Foreign Partner or Member Annual Return

592-F

Amended ● ☐   Federal Extension ● ☐

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

Part I   Withholding Agent Information

Business name   ☐ 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 Foreign Partners or Members Included

Part II   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 withheld by another entity and being allocated to partners or members . . . . ■ **4**

5   Prior payments of foreign partners' or members' withholding for taxable year shown above . . . . ■ **5**

6   Amount credited from prior year's withholding . . . . ■ **6**

7   **Add line 4, line 5, and line 6.** This is the total amount of payments . . . . ■ **7**

8   **Balance due.** If line 3 is more than line 7, subtract line 7 from line 3. Remit the withholding payment
with the Supplemental Payment Voucher from Form 592-A, along with Form 592-F. . . . . ■ **8**

9   **Overpayment.** If line 7 is greater than line 3, subtract line 3 from line 7 (complete lines 10 and 11). . . ■ **9**

10 **Credit to next year.** Enter the amount from line 9 that you want applied to the 2020 Form 592-F . . . . ■ **10**

11 **Refund.** Subtract line 10 from line 9 . . . . ■ **11**

Sign Here

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.

Print or type withholding agent's name

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 (   )

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 withheld

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 withheld

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 withheld

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 withheld