2021

Foreign Partner or Member Annual Withholding Return

CALIFORNIA FORM

592-F

Amended	● ☐ Federal Extension ● ☐ All members or partners foreign ● [rs foreign • 🔲	Total Number of Foreign Partners or Members Included				
Faxable year: Beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)								
	nholding Agent Informatio	n						
Business name)				FEIN	CA Corp no. CA SOS file no.		
First name		Initial Last name			Tel	ephone		
Address (apt./s	te., room, PO box, or PMB no.)	1 1						
City (If you have a foreign address, see instructions.)						tate ZIP code		
Part II Pa	ss-Through Entity Informa	ation (If there is	more than one Pass-Through	n Entity, use Side 3	3 to cont	inue)		
Business name)			□FEIN □	CA Corp	no. CA SOS file no		
Address (apt./s	te., room, PO box, or PMB no.)							
, .								
City (If you hav	e a foreign address, see instruction	ons.)			State	ZIP code		
Contact's full n	ame					Contact's telephone		
Contact's email address Amount of					f tax withheld			
Part III Ta								
						•		
2 Total back	up withholding			= 2 _				
3 Add line 1	and line 2. This is the total ar	mount of tax withh	eld	■ 3 _				
4 Amount w	ithheld by another entity and b	eing allocated to p	artners or members	🔳 4 _				
5 Prior payr	nents of foreign partners' or mo	embers' withholdir	ng for taxable year shown above	🔳 5 _				
6 Amount c	redited from prior year's withho	olding		■ 6 _				
7 Add line 4	I, line 5, and line 6. This is the	e total amount of p	ayments	🗖 7 —				
		•	om line 3. Remit the withholding along with Form 592-F					
9 Overpaym	ent. If line 7 is greater than lin	e 3, subtract line 3	from line 7 (complete lines 10 a	nd 11) II 9				
10 Credit to 1	next year. Enter the amount fro	om line 9 that you v	vant applied to the 2022 Form 59	92-F ■ 10 —		•		
11 Refund. Subtract line 10 from line 9								
	To learn about your privacy right ftb.ca.gov/forms and search for	s, how we may use y 1131. To request thi	your information, and the consequers notice by mail, call 800.852.5711.	nces for not providing	the reque	sted information, go to		
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowled 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	Print or type withholding agent's	name						
Here	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			

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Withholding Agent Name: Withh	nolding 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
ony (ii you havo a loloigh address, soo iilottadiiolis.)	Cate 211 code
Total income	Amount of tax witheld
_ If backup withholding , check the	e box.
• • • • • • • • • • • • • • • • • • • •	
Business name	☐FEIN ☐ CA Corp no. ☐ CA SOS file no.
Em.	Jone 1711
First name Initial Last name	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)	
(44,000,000,000,000,000,000,000,000,000,	
City (If you have a foreign address, see instructions.)	State ZIP code
Total income	Amount of tax witheld
If backup withholding , check the	e box.
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.)	<u>'</u>
City (If you have a foreign address, see instructions.)	State ZIP code
Total income	Amount of tax witheld
l —	
if backup withholding, check the	<u></u>
Business name	☐FEIN ☐ CA Corp no. ☐ CA SOS file no.
	2. 2 2 5. cosp nor 25. cosp nor
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
City (ii you nave a loreigh address, see instructions.)	State ZIP code
Total income	Amount of tax witheld
If backup withholding, check the	
II backup withiiloluling, theck the	, sun.

Withholding Agent Name: Withholding Agent TIN:					
Schedule of Pass-Through Entities (Pass-Through Entity Information, continued from Pa	art II.)		PRINT CLEARLY		
Business name	☐FEIN ☐CA Corp no. ☐CA SOS file no				
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instructions.)		State	ZIP code		
Contact's full name			Contact's telephone		
Contact's email address	Amount of tax withheld				
Durkers			По. соо #		
Business name	☐ FEIN ☐ CA Corp no. ☐ CA SOS file no				
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instructions.)		State	ZIP code		
Contact's full name			Contact's telephone		
Contact 5 full flame			Contact's telephone		
Contact's email address	withheld	d			
Business name		Corp	on DCA SOS filo no		
			A Corp no. □CA SOS file no		
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instructions.)		State ZIP code			
Contact's full name			Contact's telephone		
Contact's email address	Amount of tax v	ount of tax withheld			
Business name	□FEIN □CA	Corp n	no. CA SOS file no		
	'				
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instructions.)	State	ZIP code			
Contact's full name			Contact's telephone		
	1-				
Contact's email address	Amount of tax v	withheld	d		

8083213 Form 592-F 2020 **Side 3**