

2024

Foreign Partner or Member Annual Withholding Return

592-F

Amended [] Federal Extension [] All members or partners foreign [] Total Number of Foreign Partners or Members Included []

Taxable year: Beginning (mm/dd/yyyy) [] and ending (mm/dd/yyyy) []

Part I Withholding Agent Information

Form with fields: Business name, FEIN, CA Corp no., CA SOS file no., First name, Initial, Last name, Telephone, Address, City, State, ZIP code.

Part II Pass-Through Entity Information (Only complete if Part III, line 4 applies. If there is more than one pass-through entity, use Side 3 to continue.)

Form with fields: Business name, FEIN, CA Corp no., CA SOS file no., Address, City, State, ZIP code, Contact's full name, Contact's telephone, Contact's email address, Amount of tax withheld.

Part III Tax Withheld

- 1 Total tax withheld from Schedule of Payees, excluding backup withholding
2 Total backup withholding
3 Add line 1 and line 2. This is the total amount of tax withheld.
4 Amount withheld by another entity and being allocated to partners or members (complete Part II above).
5 Prior payments of foreign partners' or members' withholding for taxable year shown above
6 Amount credited from prior year's withholding
7 Add line 4, line 5, and line 6. This is the total amount of payments
8 Balance due. If line 3 is more than line 7, subtract line 7 from line 3.
9 Overpayment. If line 7 is greater than line 3, subtract line 3 from line 7 (complete lines 10 and 11).
10 Credit to next year. Enter the amount from line 9 that you want applied to the 2025 Form 592-F
11 Refund. Subtract line 10 from line 9

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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 Preparer's Use Only form with fields: Print or type withholding agent's name, Withholding agent's signature, Date, 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 | | | <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 | | <input type="checkbox"/> If backup withholding , check the box. | | Amount of tax withheld | |

| | | | | | |
|---|---------|--|---|------------------------|----------|
| Business name | | | <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 | | <input type="checkbox"/> If backup withholding , check the box. | | Amount of tax withheld | |

| | | | | | |
|---|---------|--|---|------------------------|----------|
| Business name | | | <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 | | <input type="checkbox"/> If backup withholding , check the box. | | Amount of tax withheld | |

| | | | | | |
|---|---------|--|---|------------------------|----------|
| Business name | | | <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 | | <input type="checkbox"/> If backup withholding , check the box. | | Amount of tax withheld | |

Withholding Agent Name: _____ Withholding Agent TIN: _____

Schedule of Pass-Through Entities (Pass-Through Entity Information, continued from Part II.)

PRINT CLEARLY

| | | |
|---|---|----------|
| Business name | <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 _____ | |

| | | |
|---|---|----------|
| Business name | <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 _____ | |

| | | |
|---|---|----------|
| Business name | <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 _____ | |

| | | |
|---|---|----------|
| Business name | <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> 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 _____ | |