TAXABLE YEAR

2022

## Foreign Partner or Member Annual Withholding Return

CALIFORNIA FORM

592-F

Amended	Federal Exten	nsion • 🔲	All members or partne	ers foreign • 🔲	Total Number of Foreign Partners or Members Included
Taxable year:	Beginning (mm/dd/yyyy)		, and end	ling (mm/dd/yyyy) _	
Part I Wit	hholding Agent Informatio	n			
Business name	9				FEIN ☐ CA Corp no. ☐ CA SOS file no.
First name		Initial Last name		<u> </u>	Telephone
Address (apt./s	ste., room, PO box, or PMB no.)				
City (If you have	re a foreign address, see instruction	ons.)		5	State ZIP code
Part II Pa	ss-Through Entity Informa	ation (If there is r	nore than one Pass-Throug	h Entity, use Side 3	3 to continue)
Business name				□ FEIN □	CA Corp no. □CA SOS file no
Address (apt./s	ste., room, PO box, or PMB no.)			10	
City (If you have	re a foreign address, see instruction	ons.)			State ZIP code
Contact's full n	ame				Contact's telephone
Contact's emai	l address			Amount of ta	ax withheld
Part III Ta	x Withheld				
1 Total tax v	vithheld from Schedule of Paye	es. excluding backu	up withholding		
	cup withholding			<b>=</b> 2 —	
3 Add line 1	I and line 2. This is the total an	nount of tax withhe	ld	■ 3 _	
4 Amount w	vithheld by another entity and be	eing allocated to pa	rtners or members	🗖 4 _	
<b>5</b> Prior payr	ments of foreign partners' or me	embers' withholding	g for taxable year shown above	<b>=</b> 5 _	
7 Add line 4	<b>1, line 5, and line 6.</b> This is the	total amount of pa	yments	🗖 7 —	
	lue. If line 3 is more than line 7 supplemental Payment Voucher				<u></u>
				•	
					<u> </u>
- neiuliu. c	Our privacy notice can be found i	in annual tax booklets	s or online. Go to ftb.ca.gov/priva	<b>cy</b> to learn about our pr	rivacy policy statement, or go to ftb.ca.gov/forms
	form code <b>948</b> when instructed.		-	•	is notice by mail, call 800.338.0505 and enter
Sign					all information of which preparer has
Here	Print or type withholding agent's	name			
	Withholding agent's signature				Date
Preparer's	Print or type preparer's name				Preparer's PTIN
Use Only	Preparer's signature				Date
	Preparer's address				Telephone

Withholding Agent Name:		Withholding Agent III	V:		
Schedule of Payees (Enter business o	or individ	dual name, not both.)			PRINT CLEARLY
Business name			□FEIN □	CA Co	orp no. □CA SOS file no.
First name	Initial Las	st name			SSN or ITIN
Address (ant (staires DO have as DMD no.)					
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instruction	ions.)			State	ZIP code
Total income		_	Amount of ta	x withe	eld
		If backup withholding, check the box.			
Business name			LIFEIN LI	CA Co	orp no.   CA SOS file no.
First name	Initial Las	st name	<del>\                                    </del>		SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)					
City (If you have a foreign address, see instruction	ons.)			State	ZIP code
Total income			Amount of ta	x withe	eld
_		If backup withholding, check the box.			_
Business name			DFEIN D	CA Co	orp no.   CA SOS file no.
First name	Initial Las	st name			SSN OF ITIN
Address (apt./ste., room, PO box, or PMB no.)		X) CO			
City (If you have a foreign address, see instruction	ions.)		I	State	ZIP code
Total income			Amount of ta	x withe	eld
		If backup withholding, check the box.			•
Business name			ПЕБІМ П	CA Co	orp no.   CA SOS file no.
				0/1 00	orp no. Box soo life no.
First name	Initial Las	st name			SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)		7			
City (If you have a foreign address, see instruction	ions.)			State	ZIP code
		·			
Total income			Amount of ta	x withe	eld
		If backup withholding, check the box.			<u> </u>

Withholding Agent Name: Withholding Agent TIN	:	
Schedule of Pass-Through Entities (Pass-Through Entity Information, continued from Pass-Through Entities)	art II.)	PRINT CLEARLY
Business name	□FEIN □CA Corp r	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	I	Contact's telephone
Contact's email address	Amount of tax withhel	d
Business name	FEIN CA Corp r	no.  CA SOS file no
Address (apt./ste., room, PO box, or PMB no.)	U	N
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 withhele	d
		•
Business name	DEFIN DCA Corp.r	□ □ CA SOS file no
Business name	FEIN CA Corp r	no. □CA SOS file no
Business name  Address (apt./ste., room, PO box, or PMB no.)	□FEIN □CA Corp r	no. □CA SOS file no
	State	ZIP code
Address (apt./ste., room, PO box, or PMB no.)		
Address (apt./ste., room, PO box, or PMB no.)  City (If you have a foreign address, see instructions.)		ZIP code  Contact's telephone
Address (apt./ste., room, PO box, or PMB no.)  City (If you have a foreign address, see instructions.)  Contact's full name	State	ZIP code  Contact's telephone
Address (apt./ste., room, PO box, or PMB no.)  City (If you have a foreign address, see instructions.)  Contact's full name	State	ZIP code  Contact's telephone
Address (apt./ste., room, PO box, or PMB no.)  City (If you have a foreign address, see instructions.)  Contact's full name  Contact's email address	State Amount of tax withhele	ZIP code  Contact's telephone
Address (apt./ste., room, PO box, or PMB no.)  City (If you have a foreign address, see instructions.)  Contact's full name  Contact's email address  Business name	State Amount of tax withhele	ZIP code  Contact's telephone
Address (apt./ste., room, PO box, or PMB no.)  City (If you have a foreign address, see instructions.)  Contact's full name  Contact's email address  Business name  Address (apt./ste., room, PO box, or PMB no.)	Amount of tax withhel	ZIP code  Contact's telephone  d  To. □CA SOS file no
Address (apt./ste., room, PO box, or PMB no.)  City (If you have a foreign address, see instructions.)  Contact's full name  Contact's email address  Business name  Address (apt./ste., room, PO box, or PMB no.)  City (If you have a foreign address, see instructions.)	Amount of tax withhel	ZIP code  Contact's telephone  d  To. □CA SOS file no  ZIP code  Contact's telephone

8083223 Form 592-F 2021 **Side 3**