

Resident and Nonresident Withholding Statement

2015

592

Amended Prior Year Distribution

Due Date: April 15, 2015 June 15, 2015 September 15, 2015 January 15, 2016

Part I Withholding Agent

| | | | |
|---|---------|--|----------|
| Business name | | <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no. | |
| First name | Initial | Last name | |
| 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 II Type of Income

Check all that apply. ●

- A** Payment to Independent Contractor
- B** Trust Distributions
- C** Rents or Royalties
- D** Distributions to Domestic Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders
- E** Estate Distributions
- F** Elective Withholding
- G** Elective Withholding/Indian Tribe
- I** Other _____

Part III 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 Enter amounts of prior payments not previously distributed | ■ 4 | _____ |
| 5 Enter 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-V, along with Form 592. | ■ 7 | _____ |

| | | |
|--|---|-----------------|
| Sign Here Preparer's Use Only | Under penalties of perjury, I declare that I have examined this return, 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 | Telephone () |
| | 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 ID No.: _____

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

PRINT CLEARLY

| | | | |
|---|---------|--|--|
| Business name | | <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no. | |
| First name | Initial | Last name | <input type="checkbox"/> If backup withholding , check the box. |
| Address (apt./ste., room, PO Box, or PMB no.) | | | |
| City (If you have a foreign address, see instructions.) | | State | ZIP Code |
| Total income | | Amount of tax withheld | |

| | | | |
|---|---------|--|--|
| Business name | | <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no. | |
| First name | Initial | Last name | <input type="checkbox"/> If backup withholding , check the box. |
| Address (apt./ste., room, PO Box, or PMB no.) | | | |
| City (If you have a foreign address, see instructions.) | | State | ZIP Code |
| Total income | | Amount of tax withheld | |

| | | | |
|---|---------|--|--|
| Business name | | <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no. | |
| First name | Initial | Last name | <input type="checkbox"/> If backup withholding , check the box. |
| Address (apt./ste., room, PO Box, or PMB no.) | | | |
| City (If you have a foreign address, see instructions.) | | State | ZIP Code |
| Total income | | Amount of tax withheld | |

| | | | |
|---|---------|--|--|
| Business name | | <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no. | |
| First name | Initial | Last name | <input type="checkbox"/> If backup withholding , check the box. |
| Address (apt./ste., room, PO Box, or PMB no.) | | | |
| City (If you have a foreign address, see instructions.) | | State | ZIP Code |
| Total income | | Amount of tax withheld | |

2015 Instructions for Form 592

Resident and Nonresident Withholding Statement

General Information

Tax withheld on California source payments is reported to the Franchise Tax Board (FTB) using Form 592, Resident and Nonresident Withholding Statement. Form 592 includes a Schedule of Payees section, on Side 2, that requires the withholding agent to identify the payees, the income amounts, and the withholding amounts. This schedule will allow the FTB to allocate the withholding payments to the payee upon receipt of the completed Form 592.

Withholding, excluding backup withholding, is optional, at the discretion of the withholding agent, on the first \$1,500 in payments made during the calendar year. Withholding must begin as soon as the total payments of California source income for the calendar year exceed \$1,500.

When filing Form 592 with the FTB, the withholding agent is no longer required to submit a Form 592-B, Resident and Nonresident Withholding Tax Statement, to the FTB, for each payee. However, withholding agents must continue to provide the payees with Form 592-B at the end of the year which shows the total amount withheld for that year.

For California withholding purposes:

- Nonresident includes all of the following:
 - Individuals who are not residents of California.
 - Corporations not qualified through the California Secretary of State (CA SOS) to do business in California or having no permanent place of business in California.
 - Partnerships or limited liability companies (LLCs) with no permanent place of business in California.
 - Any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.
- Foreign refers to non-U.S.

Backup Withholding – With certain limited exceptions, payers that are required to withhold and remit backup withholding to the Internal Revenue Service (IRS) are also required to withhold and remit to the FTB on income sourced to California. The California backup withholding rate is 7% of the payment. For California purposes, dividends, interests, and any financial institutions release of loan funds made in the normal course of business are exempt from backup withholding. For additional information on California backup withholding, go to ftb.ca.gov and search for **backup withholding**.

If a payee has backup withholding, the payee must contact the FTB to provide a valid Taxpayer Identification Number (TIN) before filing a tax return. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or CA SOS file number. Failure to provide a valid TIN will result in the denial of the backup withholding credit.

Do Not Round Cents to Dollars – On this form, **do not** round cents to the nearest whole dollar. Enter the amounts with dollars and cents as actually withheld.

A Purpose

Use Form 592 to report the total withholding under California Revenue and Taxation Code (R&TC) Sections 18662 and 18664. Items of income that are subject to withholding are payments to independent contractors, recipients of rents, endorsement income, royalties, or distributions to domestic nonresident partners in a partnership, LLC members, estate or trust beneficiaries, and S corporation shareholders.

Use Form 592-V, Payment Voucher for Resident and Nonresident Withholding, to remit withholding payments relating to Form 592.

The amount of resident and nonresident withholding tax to be withheld shall be computed by applying a rate of 7% or such lesser amount as authorized in writing by the FTB. Get Form 589, Nonresident Reduced Withholding Request, for more information.

The amount of backup withholding is computed by applying the rate of 7% to a reportable payment when federal backup withholding is required (with certain limited exceptions). There are no reductions or waivers for backup withholding, and no set minimum threshold. Backup withholding supersedes all types of withholding.

Important:

Form 592 is also used:

- by pass-through entities to pass-through withholding credit to their pass-through owners.
- to report withholding payments for a resident payee.

Do not use Form 592 if:

- You are reporting withholding on foreign partners or members. Use Form 592-F, Foreign Partner or Member Annual Return.
- You are the buyer or escrow person withholding on the sale of real estate. Use Form 593, Real Estate Withholding Tax Statement, to report real estate withholding.

B Helpful Hints

If you are filing Form 592 only to pass-through withholding credits to your domestic nonresident partners in a partnership, LLC members, estate or trust beneficiaries, or S corporation shareholders, enter your information in Part I as the withholding agent. **Do not** enter the name or ID number of the entity which originally withheld payments from you.

C When and Where to File

The tax withheld on payments is remitted in four specific periods. Each period has a specific due date.

Specific Period and Due Date

January 1 through
March 31, 2015 April 15, 2015

April 1 through
May 31, 2015 June 15, 2015

June 1 through
August 31, 2015 September 15, 2015

September 1 through
December 31, 2015 January 15, 2016

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Send any payment due with Forms 592 and 592-V to:

WITHHOLDING SERVICES AND
COMPLIANCE
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

Important: If Form 592 was filed electronically, send only any payment due with Form 592-V.

Record Keeping – The withholding agent retains this form for a minimum of four years and must provide it to the FTB upon request.

10-Day Notification – California follows federal law, which requires that withholding agents notify foreign payees within 10 days of any tax withheld. For California withholding purposes, withholding agents should make a similar notification to nonresident payees. No particular form is required for this notification, and it is commonly done on the statement accompanying the distribution or payment. However, the withholding agent may choose to report the tax withheld to the payee on a Form 592-B.

D Amending Form 592

If an error is discovered after Form 592 has been filed, an amended Form 592 must be filed to correct the error. Amended forms can only be filed by the withholding agent.

To amend a Form 592 previously filed on the correct taxable year form, but reporting incorrect information:

- Complete a new Form 592 with the correct information. Use the same year form as the original form, and include all original payees. Do not use negative numbers when completing Form 592.
- Check the "Amended" box at the top of the form.
- Attach a letter to Form 592 explaining what changes were made and why.

Important: If you are amending only to correct the payee ID, contact us at the number listed under Additional Information.

To amend a Form 592 previously filed using an incorrect tax year form:

- Complete a new Form 592 with the withholding information using the correct year form. **Do not** check the "Amended" box on the top left corner of the form.
- Complete a second Form 592 using the same year form as originally filed. Check the "Amended" box in the top left corner of the form. Enter \$0.00 as the amount withheld.

Mail the amended form(s) and letter(s) to the address listed under General Information C, When and Where to File.

Example: If a payee was incorrectly included on the original 2015 Form 592 with an Amount of Tax Withheld of \$100, but should have been included on the 2014 Form 592, complete an Amended Form 592 for 2015. Enter \$0.00 as the corrected Amount of Tax Withheld. Then, file an Amended Form 592 for the correct period in 2014. Include the payee that was originally left off as well as all of the payees from the original 2014 Form 592.

E Electronic Filing Requirements

When the number of payees on Form 592 is 250 or more, Form 592 must be filed with the FTB electronically, using FTB's Secure Web Internet File Transfer (SWIFT), instead of paper. However, withholding agents must continue to provide payees with Forms 592-B.

For electronic filing, submit your file using the SWIFT process as outlined in FTB Pub. 923, Secure Web Internet File Transfer (SWIFT) Guide for Resident, Nonresident, and Real Estate Withholding.

For the required file format and record layout for electronic filing, get FTB Pub. 1023S, Resident and Nonresident Withholding Electronic Submission Requirements.

If you are the preparer for more than one withholding agent, provide a separate electronic file for each withholding agent.

F Interest and Penalties

Interest on late payments is computed from the due date of the withholding to the date paid. Failure to withhold may result in the withholding agent being personally liable for the amount of tax that should have been withheld and for interest and penalties.

A penalty will be assessed for failure to file complete, correct, and timely information returns (Form 592 Schedule of Payees) with the FTB. The penalty is calculated per payee:

- \$15 if filed 1 to 30 days after the due date.
- \$30 if filed 31 days to 6 months after the due date.
- \$50 if filed more than 6 months after the due date.

Specific Instructions

If completing Form 592 by hand, enter all the information requested using black or blue ink.

Taxable Year – The taxable year on the form must match the year of withholding.

Prior Year Distribution – Check the prior year distribution box at the top of Side 1 on Form 592 if the income distribution took place in the current taxable year, but represents income for a prior taxable year.

Example: You completed your 2014 tax return on April 15, 2015 and later determine you need to distribute additional income to your owners. Use a 2014 Form 592 and check the prior year distribution box.

Due Date – Check the appropriate box representing the due date for the tax withheld.

Private Mail Box (PMB) – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Enter the information in the following order: City, Country, Province/Region, and Postal Code. Follow the country's practice for entering the postal code. **Do not** abbreviate the country's name.

Part I – Withholding Agent

Enter only business or individual information, not both, check the appropriate TIN box and enter the ID number. If your entity is an S corporation, partnership, LLC, estate, or trust that received payments or distributions that were withheld upon by another entity and you are passing through the withholding credit to your domestic nonresident partners in a partnership, LLC members, estate or trust beneficiaries, or S corporation shareholders, enter your entity's name in the business name field, and the ID number, and address in the designated areas.

Enter the **total** number of payees included on the Schedule of Payees.

Part II – Type of Income

Check the box(es) that reflect the type of income withheld upon for the period.

Part III – Tax Withheld

Line 1 – Enter the total withholding, excluding backup withholding, from the Schedule of Payees on Side 2 and from any additional pages of the Schedule of Payees.

Line 2 – Enter the total backup withholding from the Schedule of Payees on Side 2 and any additional pages of the Schedule of Payees.

Line 3 – Add line 1 and line 2. This is the total amount of tax withheld.

Line 4 – Enter the amount of prior payments made to the FTB and not previously distributed to payees on a prior Form 592. These payments may include amounts from an amended Form 592.

Line 5 – Enter the amount withheld by another entity that is being distributed to your domestic nonresident partners in a partnership, LLC members, estate or trust beneficiaries, or S corporation shareholders. If any of the amount withheld by the other entity is to be used against the tax owed by your entity, **do not** include that amount in line 5. Attach a note to Form 592 explaining how much of the credit will be used to offset your tax due.

Line 7 – Subtract line 6 from line 3 and enter the balance due.

Schedule of Payees Instructions

Enter all the applicable information for each payee you report as having nonresident or backup withholding to ensure each payee's withholding payment is applied timely and properly.

Do not include payees who have zero withholding unless you are amending Form 592 to exclude a payee originally reported in error.

Do not leave a blank payee box unless you are at the end of the Schedule of Payees.

You must use the Schedule of Payees on Side 2 of Form 592 to report all payees.

If you withheld tax on multiple payees for the period, complete and include additional copies of the Schedule of Payees from Side 2 of Form 592, as necessary. Include the withholding agent's name and ID number at the top of each additional page.

Do not attach your own schedules to this form. We only accept and process additional payees reported on the Schedule of Payees from Side 2 of Form 592.

Business or Individual Payee Name, ID Number, and Address – Enter only business or individual information for each payee, not both, check the appropriate TIN box, and enter the ID number. Do not enter the business name of your entity as a payee.

If the payee is a **grantor trust**, enter the grantor's individual name and TIN. **Do not enter the name of the trust or trustee information.** (For tax purposes, grantor trusts are transparent. The individual grantor must report the income and claim the withholding on the individual's California tax return.)

If the payee is a **non-grantor trust**, enter the name of the trust and the trust's FEIN. **Do not enter trustee information.** If the non-grantor trust has applied for a FEIN and it has not yet been received, enter "**applied for**" in the space for the trust's FEIN and attach a copy of the federal application. After the FEIN is received, call us at the number given on this page to submit the newly assigned FEIN.

Backup Withholding – If the payee is subject to backup withholding, check this box.

Total Income for the Withholding Period – Enter the amount of income/distributions withheld upon. **Do not** leave blank or include return of capital.

Amount of Tax Withheld – Enter the total amount withheld for the period.

Additional Information

For additional information or to speak to a representative regarding this form, call the Withholding Services and Compliance telephone service at: **888.792.4900** or **916.845.4900**.

OR write to:

WITHHOLDING SERVICES AND
COMPLIANCE
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

You can download, view, and print California tax forms and publications at **ftb.ca.gov**.

OR to get forms by mail write to:

TAX FORMS REQUEST UNIT
FRANCHISE TAX BOARD
PO BOX 307
RANCHO CORDOVA CA 95741-0307

For all other questions unrelated to withholding or to access the TTY/TDD number, see the information below.

Internet and Telephone Assistance

Website: **ftb.ca.gov**

Telephone: 800.852.5711 from within the
United States
916.845.6500 from outside the
United States

TTY/TDD: 800.822.6268 for persons with
hearing or speech impairments

Asistencia Por Internet y Teléfono

Sitio web: **ftb.ca.gov**

Teléfono: 800.852.5711 dentro de los
Estados Unidos
916.845.6500 fuera de los
Estados Unidos

TTY/TDD: 800.822.6268 para personas con
discapacidades auditivas o del
habla