

# Resident and Nonresident Withholding Statement

**2013**

**592**

Amended  Prior Year Distribution

Due Date:  April 15, 2013  June 17, 2013  September 16, 2013  January 15, 2014

### 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 (suite, room, PO Box, or PMB no.)			
City		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
- H**  Other \_\_\_\_\_

 1 Total <del>Withholding, excluding Backup Withholding</del> (Side 2 and any additional pages).....	1	_____
2 Total Backup Withholding (Side 2 and any additional pages) .....	2	_____
3 <b>Add line 1 and line 2.</b> .....	3	_____
4 Enter amounts of prior payments not previously distributed. ....	4	_____
5 Enter amount withheld by another entity and being distributed. ....	5	_____
6 <b>Add line 4 and line 5.</b> .....	6	_____
7 <b>Total Withholding Amount Due.</b> Subtract line 6 from line 3. Remit the withholding payment with Form 592-V, Payment Voucher for Resident and Nonresident Withholding, along with Form 592.....	7	_____

### Part III Perjury Statement

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.

Withholding agent's name	Withholding agent's daytime phone number ( )
<b>Print or type withholding agent's name</b>	<b>Telephone</b>
Withholding agent's signature	Date
<b>Withholding agent's signature</b>	<b>Date</b>
Preparer's name	
<b>Print or type preparer's name</b>	
Preparer's signature	Date
<b>Preparer's signature</b>	<b>Date</b>
Preparer's address	Preparer's PTIN
<b>Preparer's address</b>	
Preparer's PTIN/SSN	Preparer's daytime phone number ( )
	<b>Telephone</b>

Withholding Agent (Payer) Name: \_\_\_\_\_ Withholding Agent ID No.: \_\_\_\_\_

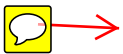
**Schedule of Payees** (Enter business or individual name, not both.)

**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 <b>backup withholding</b> , check the box.
DBA (if applicable)			
Address (suite, room, PO Box, or PMB no.)			
City		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 <b>backup withholding</b> , check the box.
DBA (if applicable)			
Address (suite, room, PO Box, or PMB no.)			
City		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 <b>backup withholding</b> , check the box.
DBA (if applicable)			
Address (suite, room, PO Box, or PMB no.)			
City		State	ZIP Code
Total income		Amount of tax withheld	



**Total Income and Withholding For This Page Only**  
~~Notice to Withholding Agents: We require the total amounts below to be calculated and submitted for each page.~~

**Total Income**

**Total California Tax Withheld Excluding Backup Withholding**

**Total Backup Withholding**

_____	_____	_____
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