

TAXABLE YEAR **2023** **Resident and Nonresident Withholding Tax Statement**

CALIFORNIA FORM

592-B

☐ Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F)			SSN or ITIN	
Address (apt./ste., room, PO box, or PMB no.)			<input type="checkbox"/> FEIN	<input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.
City (If you have a foreign address, see instructions.)	State	ZIP code	Daytime telephone number	

Part II Payee Information

Name of payee			SSN or ITIN	
Address (apt./ste., room, PO box, or PMB no.)			<input type="checkbox"/> FEIN	<input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.
City (If you have a foreign address, see instructions.)	State	ZIP code		

Part III Type of Income Subject to Withholding. Check the applicable box(es)

A <input type="checkbox"/> Payments to Independent Contractors	E <input type="checkbox"/> Estate Distributions	H <input type="checkbox"/> Allocations to Foreign (non-U.S.) Nonresident Partners/Members
B <input type="checkbox"/> Trust Distributions	F <input type="checkbox"/> Elective Withholding	I <input type="checkbox"/> Other _____
C <input type="checkbox"/> Rents or Royalties	G <input type="checkbox"/> Elective Withholding/Indian Tribe	
D <input type="checkbox"/> Distributions to Domestic (U.S.) Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders		

Part IV Tax Withheld

1 Total income subject to withholding	1	
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	2	
3 Total backup withholding	3	