2022	– Passi niruuyn Entity Annuai			CALIFORNIA FORM	
Amended:				Total Number of Payees	
Part I Wit	nholding Agent Information			IN □CA Corp no. □CA SOS file no	
First name	Initial Last name			Telephone	
Address (apt./	ste., room, PO box, or PMB no.)			1	
City (If you ha	ve a foreign address, see instructions.)		State	ZIP code	
Part II P	ass-Through Entity Information (If there is more than one Pass-Through Entit	y, use Side :	3 to co	ntinue.)	
Business nan	e		A Corp r	no. \Box CA SOS file no	
Address (apt./	ste., room, PO box, or PMB no.)				
City (If you ha	e a foreign address, see instructions.)		State	ZIP code	
Contact's full	name		1	Contact's telephone	
Contact's ema	il address	Amount of tax	withhel	d	
Dart III	ax Withheld			•	
	ithheld from Schedule of Payees, excluding backup withholding	1			
2 Total back	ıp withholding	2		••	
3 Add line 1	and line 2. This is the total amount of tax withheld	🔳 3 📖		••	
4 Amount of	prior payments not previously distributed	🗖 4 📖			
5 Amount w	thheld by another entity and being distributed	🔳 5 📖			
6 Add line 4	and line 5. This is the total amount of payments	🖬 6 📖			
	holding Amount Due. Subtract line 6 from line 3. Remit the withholding payment with Q, along with Form 592-PTE	∎7		.	
	Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. form code 948 when instructed.	about our priv To request this	acy poli notice t	cy statement, or go to ftb.ca.gov/forms by mail, call 800.338.0505 and enter	
	Under penalties of perjury, I declare that I have examined this form, including accompanying sche belief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is b				
Sign	Print or type withholding agent's name	Т	elephon	е	
Here	Withholding agent's signature	C	Date		
	Print or type preparer's name	P	reparer'	s PTIN	
Preparer's Use Only	Preparer's signature		Date		
,	Preparer's address	T	elephon	e	
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Withholding Agent Name: ______ Withholding Agent TIN:_____

Schedule of Payees (Enter business or individual name, not both.) PRINT CLEARLY					
Business name		FEIN CA Corp no. CA SOS file no.			
First name	Initial Last name	SSN or ITIN			
Address (apt./ste., room, PO box, o	or PMB no.)	l			
City (If you have a foreign address	, see instructions.)	State ZIP code			
Total income	If backup withholding, check the box.	Amount of tax witheld			
Business name		FEIN CA Corp no. CA SOS file no.			
First name	Initial Last name	SSN or ITIN			
Address (apt./ste., room, PO box, o	or PMB no.)	l l			
City (If you have a foreign address	, see instructions.)	State ZIP code			
Total income	If backup withholding, check the box.	Amount of tax witheld			
	••	· · · · · · · · · · · · · · · · · · ·			
Business name		FEIN CA Corp no. CA SOS file no.			
Business name First name	Initial Last name	FEIN CA Corp no. CA SOS file no.			
First name	or PMB no.)				
First name Address (apt./ste., room, PO box, d	or PMB no.)	SSN or ITIN			
First name Address (apt./ste., room, PO box, o City (If you have a foreign address	or PMB no.)	SSN or ITIN State ZIP code			
First name Address (apt./ste., room, PO box, o City (If you have a foreign address Total income	or PMB no.)	SSN or ITIN State ZIP code Amount of tax witheld			
First name Address (apt./ste., room, PO box, o City (If you have a foreign address Total income Business name	or PMB no.) s, see instructions.) Initial Last name	SSN or ITIN State ZIP code Amount of tax witheld FEIN CA Corp no. CA SOS file no.			
First name Address (apt./ste., room, PO box, o City (If you have a foreign address Total income Business name First name	or PMB no.)	SSN or ITIN State ZIP code Amount of tax witheld FEIN CA Corp no. CA SOS file no.			

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Withholding Agent Name:	Withholding Agent TIN:					
Schedule of Pass-Through Entities (Pass-Through Entity Informa	ation, continued from Part II.)		PRINT CLEARLY			
Business name		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			Contact's telephone			
Contact's email address	Amount of te	ax withhel	d 			
Business name		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			Contact's telephone			
Contact's email address	Amount of ta	ax withhel	d			
			B			
Business name		CA Corp r	no. \Box 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			
tact's email address Amount of tax withh		ax withhel				
			•			
Business name			FEIN CA Corp no. CA SOS file no			
Address (apt./ste., room, PO box, or PMB no.)	I					
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				

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