# **FORM CT-592**

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(Rev. 01/2002)

### Athlete or Entertainer Withholding Tax Statement

#### **Copy A For Performing Entity**

**Performing Entity:** Complete this form for each member or participant. Keep this copy and give Copy B to each member or participant.

Part 1 Member or Participant Information	Part 2 Designated Withholding Agent (payor) Information			
Name, Address, (number and street), City, State, ZIP Code	Name, Address, (number and street), City, State, ZIP Code			
Social Security Number or Federal Employer Identification Number	Connecticut Tax Registration Number			
Part 3 Preparer (if other than performing entity) Information Name, Address, (number and street), City, State, ZIP Code, and Telephone Number Connecticut Tax Registration Number, Federal Employer Identification Number, or Society				
Commodition (Contraction (Contr				
Part 4 Date(s) for Which Payment is Rendered	Part 5 Tax Withheld			
	, 	1.	\$	

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

# **FORM CT-592**

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(Rev. 01/2002)

## Athlete or Entertainer Withholding Tax Statement

#### **Copy B For Member or Participant**

**Member or Participant:** Attach all **Forms CT-592** to the front of your completed **Form CT-1040**, **Form CT-1040EZ**, or **Form CT-1040NR/PY** 

Part 1 Member or Participant Information	Part 2 Withholding Agent (payo	Part 2 Withholding Agent (payor) Information			
Name, Address, (number and street), City, State, ZIP Code	Name, Address, (number and street), City, Sta	Name, Address, (number and street), City, State, ZIP Code			
Social Security Number or Federal Employer Identification Number	Connecticut Tax Registration Number	Connecticut Tax Registration Number			
Part 3 Preparer (if other than performing entity) Infor	rmation				
Name, Address, (number and street), City, State, ZIP Code, and Telephone No.					
	umber				
Name, Address, (number and street), City, State, ZIP Code, and Telephone No.	umber				
Name, Address, (number and street), City, State, ZIP Code, and Telephone Number, Federal Employer Identification Number, o	umber or Social Security Number	1.	\$		