TAXABLE YEAR	Nonresident Withholding
2023	
	Allocation Worksheet

		completes this form and returns it thholding Agent Information	to the withholding ac	gent. The withholding	agent keeps th	nis fo	rm with their records.	
		ent's name						
Addres	ss (apt./s	te., room, PO box, or PMB no.)						
City (If you have a foreign address, see instructions.)						State	ZIP code	
Part	II No	onresident Payee Information	1					
	s name				SSN or ITIN	FEIN	CA Corp no. CA SOS file no.	
Addres	s (ant /s	te., room, PO box, or PMB no.)						
Addres	55 (upt./5							
City (If	you hav	e a foreign address, see instructions.)				State	ZIP code	
Nonre	sident p	ayee's entity type: (Check one)						
		sole proprietor 🗌 Corporation	Partnership	Limited liability com	pany (LLC)		Estate or trust	
Part	III P	ayment Type						
		ayee: (Check one)						
		ervices totally outside California (no withho	lding required, skip to	Provides goods and	services in Califorr	nia (se	e Part IV, Income Allocation)	
		of Nonresident Payee)					a (see Part IV, Income Allocation)	
		ıly goods or materials (no withholding requ ı of Nonresident Payee)	iired, skip to	Other (Describe)				
		lent payee performs all the services with	in California. withholding	is required on the entire r	pavment for servi	ces ur	less the pavee is granted a	
withho	olding w	aiver from the Franchise Tax Board (FTB)). For more information, g	get FTB Pub. 1017, Reside	ent and Nonreside	nt Wit	hholding Guidelines.	
Part	IV II	ncome Allocation						
Gross	paymer	ts expected from the withholding agent (() -	
1 60	hne sho	services:	(a) Within Californi	a (b) Outsi	de California		(c) Total payments	
		aterials (no withholding required)						
		(withholding required)						
		ase payments						
		/ments						
		other winnings						
		nents						
		ents subject to withholding. Imn (a), line 1 through line 5						
		nt withholding threshold amount:						
		hholding threshold amount:						
		_	φ0.00					
Certifi	cation o	f Nonresident Payee						
		Our privacy notice can be found in annual ftb.ca.gov/forms and search for 1131 to l call 800.338.0505 and enter form code 9 4	locate FTB 1131 EN-SP, Fra					
Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form a change, I will promptly notify the withholding agent.								
C:	_	Print or type payee's name Telep					ephone	
Sign Here		5 0				ate		
		X Print or type representative's name and title	9		Tolon	hore		
						Telephone		
	Authorized representative's signature			Date				
		1						