

2018

Nonresident Reduced Withholding Request

589

Part I Withholding Agent Information

Business name, SSN or ITIN, FEIN, CA Corp no., CA SOS file no., First name, Initial, Last name, Address, Telephone, City, State, ZIP code, Fax, Venue

Part II Payee Information

Business name, SSN or ITIN, FEIN, CA Corp no., CA SOS file no., First name, Initial, Last name, DBA, Address, Telephone, City, State, ZIP code, Fax

Part III Type of Income Subject to Withholding

Check one type only. 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, I Other, Date(s) of Service

Part IV Withholding Computation

Table with 14 rows for expenses: 1 Gross California Source Payment, 2 Advertising, 3 Commissions and fees, 4 Cost of labor, 5 Insurance, 6 Legal, professional, and/or management fees, 7 Rent or lease, 8 Supplies, 9 Travel, meals, and entertainment, 10-11 Other Expenses, 12 Total Amount of Expenses, 13 Net California Source Payment, 14 Withholding Amount.

Sign Here: Print or type payee's name, Payee's signature, Date. Preparer's Use Only: Print or type preparer's name, Preparer's signature, Date, PTIN, Telephone.