TAXABLE YEAR

2019

## Nonresident Reduced Withholding Request

CALIFORNIA FORM

**589** 

Par	rt I Witl	nholding Agent Information											
Busi	iness name						□SSN c	r ITIN	□FEIN	□CA Corp n	o. □CA SC	OS file no.	
Eirot	t name		Init	ial Last name				1					
1 1131	Hame			lai Last Hame									
Add	ress (apt./st	e., room, PO box, or PMB no.)	, PO box, or PMB no.)						Telepho	ne			
								( , ,	)				
City	(If you have	e a foreign address, see instructions.)	State			e ZIP code			Fax				
Veni	IIE												
1011													
Pai	rt II Pay	ee Information											
Busi	iness name			□SSN c				□FEIN	☐ CA Corp n	o. □CA SC	OS file no.		
First	t name		Init	tial Last name									
DBA	A (see instru	ctions)						1		1 1			
	`												
Address (apt./ste., room, PO box, or PMB no.)									Telepho	ne			
City (If you have a foreign address, see instructions.)  State   ZIP code								(	)				
City (If you have a foreign address, see instructions.)  State ZIP code							_		Fax	\	_		
Dai	et III Tv	pe of Income Subject to Withholding			I				(	)			
	ck one typ	• • • • • • • • • • • • • • • • • • • •											
Α	] Payment	to Independent Contractor		☐ Rents or Roya				E	Estate	Distributions	;		
В	B ☐ Trust Distributions  D ☐ Distributions to Domestic Nonresident Partners/Members/Beneficiaries/					nt		Other _					
<ul><li>D</li></ul>	ate(s) of S	Service		ion Shareholders									
• •	uto(0) 01 0	mm/dd/yyyy - mm/dd/yyyy		o corporation	Onaroi	1010010							
Par	rt IV W	ithholding Computation											
	1 Gross	California Source Payment. See instruc	tions				<b>1</b> 1 .			1 1 4			
		tising											
	3 Comr	nissions and fees					■ 3 ∟						
	4 Cost of labor (contract labor, excludes Form W-2 wages)											•——	
	5 Insurance										r	لللاء	
	_	6 Legal, professional, and/or management fees											
S		rt or lease										•——	
penses													
Expe		9 Travel, meals, and entertainment ■ 9 _ Other Expenses (specify). See instructions.											
ш	10	(open, y). See men denome.					<b>■</b> 10 _					•	
	11												
	12 Total Amount of Expenses. Add lines 2 through 11									<u> </u>			
	13 Net C	alifornia Source Payment. Subtract line	12 fro	om line 1. If zero	or less	, enter O	<b>■</b> 13 _						
		<b>colding Amount.</b> Multiply the amount on li		•									
		ed withholding amount. This amount mus			-								
	Franc	hise Tax Board (FTB) prior to the payee re	ceivin	g payment for ser	vices.		. 14 _					<u> </u>	
Sign Here		To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to <b>ftb.ca.gov/forms</b> and search for <b>1131</b> . To request this notice by mail, call 800.852-5711. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the withholding agent) is based on all information of which preparer has any knowledge.											
		Print or type payee's name											
		Payee's signature						Date	9				
Preparer's Use Only		Print or type preparer's name						Tele	lephone				
		Preparer's signature			[	Date		( PTII	) N				