

2023 Nonresident Reduced Withholding Request

589

Part I Withholding Agent Information

Business name		<input type="checkbox"/> SSN or ITIN		<input type="checkbox"/> FEIN	<input type="checkbox"/> CA Corp no.	<input type="checkbox"/> CA SOS file no.
First name	Initial	Last name				
Address (apt./ste., room, PO box, or PMB no.)					Telephone	
City (If you have a foreign address, see instructions.)				State	ZIP code	Fax
Venue						

Part II Payee Information

Business name		<input type="checkbox"/> SSN or ITIN		<input type="checkbox"/> FEIN	<input type="checkbox"/> CA Corp no.	<input type="checkbox"/> CA SOS file no.
First name	Initial	Last name				
DBA (see instructions)						
Address (apt./ste., room, PO box, or PMB no.)					Telephone	
City (If you have a foreign address, see instructions.)				State	ZIP code	Fax

Part III Type of Income Subject to Withholding

Check one type only. ●

- | | | |
|---|--|--|
| <p>A <input type="checkbox"/> Payment to Independent Contractor</p> <p>B <input type="checkbox"/> Trust Distributions</p> | <p>C <input type="checkbox"/> Rents or Royalties</p> <p>D <input type="checkbox"/> Distributions to Domestic Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders</p> | <p>E <input type="checkbox"/> Estate Distributions</p> <p>H <input type="checkbox"/> Allocations to Foreign (non-U.S.) Nonresident Partners/Members</p> <p>I <input type="checkbox"/> Other _____</p> |
|---|--|--|
- Date(s) of Service _____
mm/dd/yyyy - mm/dd/yyyy

Part IV Withholding Computation

Expenses	1 Gross California Source Payment. See instructions	1		
	2 Advertising	2		
	3 Commissions and fees	3		
	4 Cost of labor (contract labor, excludes Form W-2 wages)	4		
	5 Insurance	5		
	6 Legal, professional, and/or management fees	6		
	7 Rent or lease	7		
	8 Supplies	8		
	9 Travel, meals, and entertainment	9		
	Other Expenses (specify). See instructions.			
	10 _____	10		
	11 _____	11		
	12 Total Amount of Expenses (may not exceed 50% of line 1). See instructions	12		
	13 Net California Source Payment. Subtract line 12 from line 1. If zero or less, enter 0	13		
14 Withholding Amount. Multiply the amount on line 13 by 7%. This is the proposed reduced withholding amount. This amount must be verified and approved by the Franchise Tax Board (FTB) prior to the payee receiving payment for services.	14			

Sign Here	Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.		
	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
	Print or type preparer's name		Telephone
Preparer's Use Only	Preparer's signature	Date	PTIN