

2022

Nonresident Reduced Withholding Request

589

Part I Withholding Agent Information

Business name, First name, Initial, Last name, Address, Telephone, City, State, ZIP code, Fax, Venue

SSN or ITIN FEIN CA Corp no. CA SOS file no.

Part II Payee Information

Business name, First name, Initial, Last name, DBA, Address, Telephone, City, State, ZIP code, Fax

SSN or ITIN FEIN CA Corp no. CA SOS file no.

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/... E Estate Distributions H Allocations to Foreign... I Other

Part IV Withholding Computation

Table with 14 rows: 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 Other Expenses, 11, 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, Telephone, Preparer's signature, Date, PTIN

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.