

Nonresident Reduced Withholding Request

2020

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. ●

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 _____
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. Add line 2 through line 11. 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

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. 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 |
| Print or type preparer's name | |
| Preparer's signature | Date |
| | PTIN |