

2024 Nonresident Reduced Withholding Request

589

Part I Withholding Agent Information

Business name Tulare County Office of Education		<input type="checkbox"/> SSN or ITIN <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no. 94-2191905	
First name	Initial	Last name	
Address (apt./ste., room, PO box, or PMB no.) 6200 South Mooney Blvd			Telephone (559) 730-2751
City (If you have a foreign address, see instructions.) Visalia		State CA	ZIP code 93278
Venue		Fax (559) 733-6570	

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
Venue		Fax	

Part III Type of Income Subject to Withholding

Check one type only. ●

A Payment to Independent Contractor **C** Rents or Royalties **E** Estate Distributions

B Trust Distributions **D** Distributions to Domestic Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders **H** Allocations to Foreign (non-U.S.) Nonresident Partners/Members

● Date(s) of Service _____
mm/dd/yyyy - mm/dd/yyyy **I** Other _____

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		
Preparer's Use Only	Payee's signature	Date	
	Print or type preparer's name		Telephone
	Preparer's signature	Date	PTIN