2022

Nonresident Reduced Withholding Request

589

Par	t I Witl	hholding Agent Information						
	ness name					□SSN	l or ITIN	□ FEIN □ CA Corp no. □ CA SOS file no.
First	name		Initial	Last name				
Addr	ess (apt./s	te., room, PO box, or PMB no.)						Telephone
City (If you have a foreign address, see instructions.)				State ZIP code				Fax
Venu	ie					<u> </u>		
Par	t II Pa	yee Information						
Busi	ness name			[] SSN or TIN				□ FEIN □ CA Corp no. □ CA SOS file no.
First name				Initial Last name				
DBA	(see instru	uctions)		1		(10)		
		te., room, PO box, or PMB no.)						Telephone
City (If you have a foreign address, see instructions.)					State	ZIP code	. (Fax
		/pe of Income Subject to Withholding e only. ●						
A □ B □	Payment	t to Independent Contractor stributions		C ☐ Rents or Royalties D ☐ Distributions to Domestic Nonresident Partners/Members/Beneficiaries/ S Corporation Shareholders			H 🗆	Estate Distributions Allocations to Foreign (non-U.S.) Nonresident Partners/Members Other
Par		ithholding Computation				<u> </u>		
Expenses	2 Adver 3 Comm 4 Cost 5 Insur 6 Legal 7 Rent 8 Supp 9 Trave Other Ex 10 11 12 Total 13 Net C 14 Withing	s California Source Payment. See instructioning	% of lir 12 from ne 13 b	ne 1). See instruction line 1. If zero of y 7%. This is thiffied and approved.	uctions or less e propred by	2 3 4 5 6 7 8 8 9		
Sign Here		Our privacy notice can be found in annual tax booklets of locate FTB 1131 EN-SP, Franchise Tax Board Privacy No Under penalties of perjury, I declare that I have examine complete. Declaration of preparer (other than the withhout Print or type payee's name	tice on Co d this forr	ollection. To request t m, including accompa	his notic anying so	e by mail, call 800.338.0505 and thedules and statements, and to	d enter for the best o	m code 948 when instructed.
		Payee's signature					Date	
Preparer's Use Only		Print or type preparer's name					Telep	hone
		Preparer's signature				Pate	PTIN	