NOUTBEE TEAT
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2023

**Nonresident Reduced** Withholding Request

	rt I Wit	hholding Agent Information						FEIN CA Corp no. CA SOS file no.
Firs	name		Initial	Initial Last name				
Add	ress (apt./s	te., room, PO box, or PMB no.)						Telephone
City	(If you hav	e a foreign address, see instructions.)		State ZIP code				Fax
Ven	ue							
Pa	r <b>t II</b> Pa	yee Information						
	iness name						SSN or ITIN	I □FEIN □CA Corp no. □CA SOS file no
Firs	name		Initial	Initial Last name				
DBA	(see instru	uctions)						
Address (apt./ste., room, PO box, or PMB no.)								Telephone
City	(If you hav	e a foreign address, see instructions.)			State	ZIP code		Fax
Pa	rt III T	ype of Income Subject to Withholding						
Check one type only. ● A □ Payment to Independent Contractor B □ Trust Distributions ● Date(s) of Service				D Distributions to Domestic Nonresident H Partners/Members/Beneficiaries/				Estate Distributions Allocations to Foreign (non-U.S.) Nonresident Partners/Members Other
Pa	rt IV W	/ithholding Computation						
Expenses	2 Adve 3 Com 4 Cost 5 Insur 6 Lega 7 Rent 8 Supp 9 Trave 0ther Ex 10 11 12 Total 13 Net ( 14 With reduc	s California Source Payment. See instructions missions and fees	50% of line 12 from line 13 by ust be veri	he 1). See instr h line 1. If zero y 7%. This is this ified and appro	ructions or less he prop	, enter 0 osed the	2         3         4         5         6         7         8         9         10         11         12         13	
Sign Here		Our privacy notice can be found in annual tax bookle locate FTB 1131 EN-SP, Franchise Tax Board Privacy Under penalties of perjury, I declare that I have exam complete. Declaration of preparer (other than the wit Print or type payee's name Payee's signature	Notice on Co ined this forr	ollection. To request m, including accom	this notic panying s	e by mail, call 800.338. chedules and statement	0505 and enter for s, and to the best	orm code <b>948</b> when instructed. t of my knowledge and belief, it is true, correct, and
		Print or type preparer's name						phone
Preparer's Use Only		Preparer's signature		Date			PTI	
		▶ <b>_</b>					•	
				8101	2 <mark>-3,</mark> 3			Form 589 2022