

2025

Nonresident Reduced Withholding Request

589

Part I Withholding Agent Information

Form section for Part I: Withholding Agent Information, including fields for Business name, SSN or ITIN, FEIN, CA Corp no., CA SOS file no., First name, Initial, Last name, Address, Telephone, City, State, ZIP code, Fax, and Venue.

Part II Payee Information

Form section for Part II: Payee Information, including fields for Business name, SSN or ITIN, FEIN, CA Corp no., CA SOS file no., First name, Initial, Last name, DBA, Address, Telephone, City, State, ZIP code, and Fax.

Part III Type of Income Subject to Withholding

Form section for Part III: Type of Income Subject to Withholding, including checkboxes for Payment to Independent Contractor, Trust Distributions, Rents or Royalties, Distributions to Domestic Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders, Estate Distributions, Allocations to Foreign (non-U.S.) Nonresident Partners/Members, and Other, plus Date(s) of Service.

Part IV Withholding Computation

Table for Part IV: Withholding Computation, listing various expenses (Gross California Source Payment, Advertising, Commissions and fees, Cost of labor, Insurance, Legal, professional, and/or management fees, Rent or lease, Supplies, Travel, meals, and entertainment, Other Expenses) and their corresponding amounts, leading to Total Amount of Expenses, Net California Source Payment, and Withholding Amount.

Form section for Sign Here and Preparer's Use Only, including fields for payee's name, payee's signature, date, preparer's name, preparer's signature, date, and PTIN.