

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

Preparer's Use Only

Print or type preparer's name Telephone

Preparer's signature Date PTIN