2025

Nonresident Reduced Withholding Request

589

		thholding Agent Information						
Bus	iness name	9					□SSN or ITIN	FEIN CA Corp no. CA SOS file no.
Firs	name		Initial	Initial Last name				
Add	ress (apt./s	ste., 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 t II Pa	yee Information						
Bus	iness name	9		SSN or ITIN				□ FEIN □ CA Corp no. □ CA SOS file no
Firs	name		Initial	Initial Last name				
DBA	(see instru	uctions)		1				
Add	ress (apt./s	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 Ty	ype of Income Subject to Withholding						
A [B [O D	Paymen Trust Disactor ate(s) of 3 rt IV M 1 Gros 2 Adve 3 Com 4 Cost 5 Insur 6 Lega 7 Rent 8 Supp	be only. t to Independent Contractor stributions Service	D	Partners/Meml S Corporation	o Dom bers/Be Shareh	olders	H	
Expe	Other Ex	Travel, meals, and entertainment						
	11 12 Total 13 Net (14 With reduc	Amount of Expenses (may not exceed 50 California Source Payment. Subtract line holding Amount. Multiply the amount on I ced withholding amount. This amount mus chise Tax Board (FTB) prior to the payee re	0% of lin 12 from ine 13 by it be veri	e 1). See instru 1 line 1. If zero o y 7%. This is th fied and approv	uctions or less e prop red by	enter O osed he	■ 11 ■ 12 ■ 13	••••••••
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.						
		Payee's signature					Date	
Preparer's Use Only		Print or type preparer's name					Telep	phone
		Preparer's signature				ate	PTIN	I
		▶ 		81012	253		l	Form 589 2024