

Nonresident Withholding Allocation Worksheet

The payee completes this form and returns it to the withholding agent.

Part I Withholding Agent Information

Withholding agent's name

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.)

State

ZIP code

Part II Nonresident Payee Information

Payee's name

SSN or ITIN FEIN CA Corp no. CA SOS file no.

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.)

State

ZIP code

Nonresident payee's entity type: (Check one)

- Individual/sole proprietor Corporation Partnership Limited liability company (LLC) Estate or trust

Part III Payment Type

Nonresident payee: (Check one)

- Performs services totally outside California... Provides goods and services in California... Provides services within and outside California... Other (Describe)

If the nonresident payee performs all the services within California, withholding is required on the entire payment for services unless the payee is granted a withholding waiver from the Franchise Tax Board (FTB).

Part IV Income Allocation

Gross payments expected from the withholding agent during the calendar year for:

Table with 4 columns: (a) Within California, (b) Outside California, (c) Total payments. Rows include: 1 Goods and services, 2 Rents or lease payments, 3 Royalty payments, 4 Prizes and other winnings, 5 Other payments, 6 Total payments subject to withholding. Includes threshold amounts for nonresident and backup withholding.

Certification of Nonresident Payee

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 the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Form with fields for: Print or type payee's name, Telephone, Payee's signature, Date, Print or type representative's name and title, Telephone, Authorized representative's signature, Date.