

2022**Nonresident Withholding
Allocation Worksheet****587****The payee completes this form and returns it to the withholding agent. The withholding agent keeps this form with their records.****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 (no withholding required, skip to
Certification of Nonresident Payee)☐ Provides goods and services in California (see Part IV, Income Allocation)☐ Provides services within and outside California (see Part IV, Income Allocation)☐ Provides only goods or materials (no withholding required, skip to
Certification of Nonresident Payee)☐ 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). For more information, get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines.

Part IV Income Allocation

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

(a) Within California**(b) Outside California****(c) Total payments****1 Goods and services:**

Goods/materials (no withholding required) _____

Services (withholding required) _____

2 Rents or lease payments _____**3 Royalty payments** _____**4 Prizes and other winnings** _____**5 Other payments** _____**6 Total payments subject to withholding.** _____

Add column (a), line 1 through line 5 _____

Nonresident withholding threshold amount: ... **\$1,500.00****Backup withholding threshold amount:** ... **\$0.00****Certification of Nonresident Payee**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 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. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

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 _____

**Sign
Here****X**