TAXABLE YEAR
2024

CALIFORNIA FORM

Nonresident Withholding Allocation Worksheet

587

		orm and returns it to	the withholding ag	gent. The withholding	agent keeps t	this fo	rm with their records.
Withholding age	ent's name						
Address (apt./st	e., room, PO box, o	or PMB no.)					
City (If you have	a foreign address,	see instructions.)				State	ZIP code
Part II No	nresident Pa	yee Information					
Payee's name						□FEIN	☐ CA Corp no. ☐ CA SOS file no.
Address (apt./st	e., room, PO box, o	or PMB no.)			<u>I</u>		
City (If you have	a foreign address,	see instructions.)				State	ZIP code
Nonresident pa	ayee's entity type:	(Check one)					
☐ Individual/s		☐ Corporation	☐ Partnership	☐ Limited liability com	pany (LLC)		Estate or trust
Part III Pa	ayment Type						
☐ Performs se Certification ☐ Provides on Certification If the nonresid	of Nonresident Pay ly goods or materia of Nonresident Pay ent payee perform	als (no withholding require yee) ns all the services within	ed, skip to California, withholding	☐ Provides services wit☐ Other (Describe)	thin and outside (Californi vices un	e Part IV, Income Allocation) a (see Part IV, Income Allocation) lless the payee is granted a thholding Guidelines.
	come Alloca						
Gross paymen	ts expected from t	the withholding agent du	uring the calendar year f (a) Within California		de California		(c) Total payments
Services Rents or lea Royalty pay Prizes and o Other payme Add colu	aterials (no withho (withholding requ ase payments ments other winnings ents ents subject to wit mn (a), line 1 thro	ired)					
	•	eshold amount: 					
Backup wit	hholding threshol	ld amount:	\$0.00				
Certification o	f Nonresident Pay						
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 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 Payee's signature Date						
	Print or type representative's name and title					Telephone	
	Print or type repres	sentative's name and title			Tele	phone	