TAXABLE YEAR	<b>Nonresident Withholding</b>
2024	Allocation Worksheet

	e completes this form and returns it t	o the withholding a	gent. The withholding	agent keeps ti	nis fo	rm with their records.	
	Withholding Agent Information agent's name						
Address (ap	t./ste., room, PO box, or PMB no.)						
City (If you have a foreign address, see instructions.)						ZIP code	
Part II	Nonresident Payee Information						
Payee's nam	-			SSN or ITIN	FEIN	CA Corp no. CA SOS file no.	
Address (ap	ot./ste., room, PO box, or PMB no.)						
City (If you h	have a foreign address, see instructions.)				State	ZIP code	
Nonrooidon	ht navaa'a antitu tunau (Chaalu ana)						
	nt payee's entity type: (Check one) Jul/sole proprietor Corporation	Partnership	Limited liability com	(110)		Estate or trust	
				ipally (LLO)			
	Payment Type						
<ul> <li>Perform</li> <li>Certification</li> <li>Provides</li> <li>Certification</li> <li>If the nonreside</li> </ul>	nt payee: (Check one) is services totally outside California (no withhole tion of Nonresident Payee) s only goods or materials (no withholding requi tion of Nonresident Payee) esident payee performs all the services withir g waiver from the Franchise Tax Board (FTB).	red, skip to n California, withholding	Provides services wi Other (Describe)	thin and outside Ca	aliforni	e Part IV, Income Allocation) a (see Part IV, Income Allocation) 	
withholding	g waiver from the Franchise fax board (FTB).	For more information,	gel FIB Pub. 1017, Resid	ent and Nonreside	HIL VVI	uniolallig Guidellies.	
	Income Allocation						
Gross payn	nents expected from the withholding agent d	uring the calendar year (a) Within Californ		de California		(c) Total payments	
Goods Servic 2 Rents o 3 Royalty 4 Prizes a 5 Other pa 6 Total pa	and services:         s/materials (no withholding required)         ces (withholding required)         r lease payments         payments         ind other winnings         ayments						
Nonresi	ident withholding threshold amount: $\ldots$ _	\$1,500.00					
Backup	withholding threshold amount:	\$0.00					
Certificatio	on of Nonresident Payee						
	Our privacy notice can be found in annual <b>ftb.ca.gov/forms</b> and search for <b>1131</b> to loc call 800.338.0505 and enter form code <b>94</b> . Under penalties of perjury, I declare that I I of my knowledge and belief, it is true, correchange, I will promptly notify the withhold Print or type payee's name	ocate FTB 1131 EN-SP, Fr <b>8</b> when instructed. have examined the inforn ect, and complete. I furth	anchise Tax Board Privacy I nation on this form, includir	lotice on Collection g accompanying s	n. To re schedul e facts	equest this notice by mail, les and statements, and to the best	
Sign Here	Payee's signature X			Date	Date		
	Print or type representative's name and title	nd title Tel			elephone		
	Authorized representative's signature			Date	Date		

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