2024 No·eside·t Withholdi·g Waive· Req·est

588

Part I   ·   · A · · · ·

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

First name

Part II   · · · · ·

Check one box only.

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

First name

Part III   ·   · ·   ·   ·

Check one type only.

Sig He·e

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Requester Name: _____   Requester TIN: _____

Part IV

. use your own version of the Schedule of Payees to report additional payees. We can only accept and process additional payees reported on this form. See instructions.

Business name _____   ☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.
_____

First name _____   Initial ___   Last name _____

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

City (If you have a foreign address, see instructions.) _____   State ___   ZIP code _____

Reason for Waiver Request (Check box next to one Reason Code.)   Newly Admitted Date (mm/dd/yyyy) (Must be included when selecting Reason Code "D.")
☐ A ☐ B ☐ C ☐ D ☐ E   _____

Business name _____   ☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.
_____

First name _____   Initial ___   Last name _____

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

City (If you have a foreign address, see instructions.) _____   State ___   ZIP code _____

Reason for Waiver Request (Check box next to one Reason Code.)   Newly Admitted Date (mm/dd/yyyy) (Must be included when selecting Reason Code "D.")
☐ A ☐ B ☐ C ☐ D ☐ E   _____

Business name _____   ☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.
_____

First name _____   Initial ___   Last name _____

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

City (If you have a foreign address, see instructions.) _____   State ___   ZIP code _____

Reason for Waiver Request (Check box next to one Reason Code.)   Newly Admitted Date (mm/dd/yyyy) (Must be included when selecting Reason Code "D.")
☐ A ☐ B ☐ C ☐ D ☐ E   _____

Waiver Request Reason Codes

A Payee has California state tax returns on file for the two most current taxable years in which the payee has a filing requirement. Payee is considered current on any tax obligations with the Franchise Tax Board (FTB).

B Payee is making timely estimated tax payments for the current taxable year. Payee is considered current on any tax obligations with the FTB.

C Payee is a corporation that is not qualified to do business and does not have a permanent place of business in California but is filing a tax return based on a combined report with a corporation that does have a permanent place of business in California. Attach a copy of Schedule R-7, Election to File a Unitary Taxpayers' Group Return, from the combined report.

D Payee is a newly admitted S corporation shareholder, partner of a partnership, or member of a limited liability company. In the "Newly Admitted Date" box, provide the date this shareholder, partner, or member was admitted. The waiver will expire at the end of the calendar year succeeding the date the payee was newly admitted. Once expired, the payee must have the most current California tax return due on file or estimated tax payments for the current taxable year in order to have a new waiver granted.

E Other – Attach a specific reason and include substantiation that would justify a waiver from withholding. If payee is a group return participant, attach a copy of Schedule 1067A, Nonresident Group Return Schedule, from the group return.