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**Part I**

Business name

SSN or ITIN

FEIN

CA Corp no.

CA SOS file no.

First name

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**Part II**

Check one box only.

Business name

SSN or ITIN

FEIN

CA Corp no.

CA SOS file no.

First name

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**Part III**

Check one type only.

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.