

2014 Nonresident Withholding Waiver Request

588

Part I Withholding Agent Information

Business name (S corp., partnership, LLC, estate, or trust)

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

Markleys Inc - dba Premier Properties Management

First name Initial Last name

Telephone

(6 1 9) 3 7 0-3 6 6 0

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

Fax

(6 1 9) 4 2 1-4 0 9 4

City (If you have a foreign address, see instructions.)

State

ZIP Code

Chula Vista

CA

9 1 9 1 0

Type of Income Subject to Withholding

Check one type only.

- A Payment to Independent Contractor
- B Trust Distributions
- C Rents or Royalties
- D Distributions to Domestic Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders
- E Estate Distributions
- I Other

Business name

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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 letter code.)

Newly Admitted Date (mm/dd/yyyy) (Must be included when selecting Letter 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, or member. In the "Newly Admitted Date" box below, provide the date this shareholder, partner, or member was admitted during the current year. This waiver will expire at the end of the calendar year granted. 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 specific reason and include substantiation that would justify a waiver of withholding. If payee is a group return participant, attach a copy of Schedule 1067A, Nonresident Group Return Schedule, from the group return.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Payee's name and title (type or print) _____ Telephone (____) _____

Payee's signature ► _____ Date _____