

Nonresident Withholding Allocation Worksheet

2015

587

The payee completes this form and returns it to the withholding agent.

Part I Withholding Agent

Withholding agent's name

El Dorado County

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

360 Fair Lane

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

Placerville

State
CA

ZIP Code
9 5 6 6 7

Part II Nonresident Payee

Payee's name

Columbia Ultimate, Inc

SSN or ITIN FEIN CA Corp no. CA SOS file no.
88-0434806

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

4400 NE 77th Ave Ste 100

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

Vancouver

State
WA

ZIP Code
9 8 6 6 2

Nonresident payee's entity type: (Check one)

- Individual/sole proprietor Corporation Partnership Limited liability company (LLC) Estate or trust

Part III Payment Type

Nonresident payee: (Check one)

- Performs services totally outside California (no withholding required, skip to Certification of Nonresident Payee) Provides goods and services in California (see Part IV, Income Allocation)
- Provides only goods or materials (no withholding required, skip to Certification of Nonresident Payee) Provides services within and outside California (see Part IV, Income Allocation)
- Other (Describe) _____

If the nonresident payee performs all the services within California, withholding is required on the entire payment for services unless the payee is granted a withholding waiver from the Franchise Tax Board (FTB). For more information, get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines.

Part IV Income Allocation

Gross payments expected from the withholding agent during the calendar year for:

| | (a) Within California | (b) Outside California | (c) Total payments |
|--|-----------------------|------------------------|--------------------|
| 1 Goods and services: | | | |
| Goods/materials (no withholding required) | | | |
| Services (withholding required) | | | |
| 2 Rents or lease payments | | | |
| 3 Royalty payments | | | |
| 4 Prizes and other winnings | | | |
| 5 Other payments | | | |
| 6 Total payments subject to withholding. | | | |
| Add column (a), line 1 through line 5 | | | |
| Nonresident withholding threshold amount: ... | \$1,500.00 | | |
| Backup withholding threshold amount: | \$0.00 | | |

Certification of Nonresident Payee

Under penalties of perjury, I certify that the information provided on this document is true and correct. If the reported facts change, I will promptly inform the withholding agent.

Sign Here

| | |
|--|-----------------------------------|
| Print or type payee's name Columbia Ultimate, Inc | Telephone () |
| Payee's signature ▶ | Date |
| Print or type representative's name and title David G. Macdonald | Telephone (360) 260-5606 x5606 |
| Authorized representative's signature ▶ <i>David G. Macdonald</i> | Date 10/8/2015 |