

Foreign Person's U.S. Source Income **2008**
Subject to Withholding
 AMENDED PRO-RATA BASIS REPORTING

Line	(1) Income code	(2) Gross income	(3) Withholding allowances	(4) Net income	(5) Tax Rate	(6) Exempt code	(7) U.S. Federal Tax withheld	(8) Withholding by other agents
1	15	3,275.00			14.00	00	458.50	
2								(8) Total withholding credit
3	Total	3,275.00					458.50	458.50

10 Amount repaid to recipient		14 Recipient's U.S. TIN, if any > 501-55-5005	
11 Withholding agent's EIN > 94-6002123 <input checked="" type="checkbox"/> EIN <input type="checkbox"/> QI-EIN		<input checked="" type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN <input type="checkbox"/> QI-EIN	
12 WITHHOLDING AGENT'S name and address (including ZIP code) UC OFFICE OF THE PRESIDENT 1111 FRANKLIN ST, 8TH FLOOR OAKLAND CA 94607-5201		15 Recipient's foreign TIN, if any	16 Country code AA
13 RECIPIENT'S name (first name, initial, street address, city or town, province or state, and country (including postal code)) NAN O. BOT 1919 STAGE ROAD AGUA DULCE CA 91350		17 NONQUALIFIED INTERMEDIARY'S (NQI's)/ FLOW-THROUGH ENTITY'S name	18 Country code
13 Recipient code 01	19 NQI's/Flow-through entity's address		
20 NQI's/Flow-through entity's TIN, if any >		21 PAYER'S name and TIN (if different from withholding agent's)	
22 Recipient's account number (optional) 501000005		23 State income tax withheld	
24 Payer's state tax no. 123-4567-8		25 Name of state CA	

For Privacy Act and Paperwork Reduction Act Notice, see page 16 of the separate instructions. Form **1042-S** (2008)

Foreign Person's U.S. Source Income **2008**
Subject to Withholding
 AMENDED PRO-RATA BASIS REPORTING

Line	(1) Income code	(2) Gross income	(3) Withholding allowances	(4) Net income	(5) Tax Rate	(6) Exempt code	(7) U.S. Federal Tax withheld	(8) Withholding by other agents
1	15	5,675.00			14.00	00	794.50	
2								(8) Total withholding credit
3	Total	5,675.00					794.50	794.50

10 Amount repaid to recipient		14 Recipient's U.S. TIN, if any > 501-55-5043	
11 Withholding agent's EIN > 94-6002123 <input checked="" type="checkbox"/> EIN <input type="checkbox"/> QI-EIN		<input checked="" type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN <input type="checkbox"/> QI-EIN	
12 WITHHOLDING AGENT'S name and address (including ZIP code) UC OFFICE OF THE PRESIDENT 1111 FRANKLIN ST, 8TH FLOOR OAKLAND CA 94607-5201		15 Recipient's foreign TIN, if any	16 Country code AA
13 RECIPIENT'S name (first name, initial, street address, city or town, province or state, and country (including postal code)) CLYDE S. DALE 5656 PORKY PINE WAY MOUNTAINVIEW CA 90024		17 NONQUALIFIED INTERMEDIARY'S (NQI's)/ FLOW-THROUGH ENTITY'S name	18 Country code
13 Recipient code 01	19 NQI's/Flow-through entity's address		
20 NQI's/Flow-through entity's TIN, if any >		21 PAYER'S name and TIN (if different from withholding agent's)	
22 Recipient's account number (optional) 501000043		23 State income tax withheld	
24 Payer's state tax no. 123-4567-8		25 Name of state CA	

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