2021 Withholding Exemption Certificate

590

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.			
Withholding Agent Information			
Name			
Payee Information			
Name	SSN or ITIN FEIN CA Corp no. CA SOS file no.		
Address (apt./ste., room, PO box, or PMB no.)			
City (If you have a foreign address, see instructions.)	S	State	ZIP code
Exemption Reason			
Check only one box.			
By checking the appropriate box below, the payee certifies the reason for the exemption from the requirements on payment(s) made to the entity or individual.	ne Californ	nia ir	ncome tax withholding
Individuals — Certification of Residency: I am a resident of California and I reside at the address shown above. If I become a notify the withholding agent. See instructions for General Information D, Definitions.	onresident	t at a	any time, I will promptly
Corporations: The corporation has a permanent place of business in California at the address shown California Secretary of State (SOS) to do business in California. The corporation will fill corporation ceases to have a permanent place of business in California or ceases to the withholding agent. See instructions for General Information D, Definitions.	le a Califo	rnia	tax return. If this
Partnerships or Limited Liability Companies (LLCs): The partnership or LLC has a permanent place of business in California at the addres California SOS, and is subject to the laws of California. The partnership or LLC will file or LLC ceases to do any of the above, I will promptly inform the withholding agent. For partnership (LLP) is treated like any other partnership.	a Califorr	nia ta	ax return. If the partnership
Tax-Exempt Entities: The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 (insert letter) or Internal Revenue Code Section 501(c) (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.			
Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pens The entity is an insurance company, IRA, or a federally qualified pension or profit-shar	sion/Profit ring plan.	t-Sh	aring Plans:
California Trusts: At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.			
Estates — Certification of Residency of Deceased Person: I am the executor of the above-named person's estate or trust. The decedent was a Ca The estate will file a California fiduciary tax return.	alifornia re	eside	ent at the time of death.
Nonmilitary Spouse of a Military Servicemember: I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse requirements. See instructions for General Information E, MSRRA.	Residenc	cy Re	elief Act (MSRRA)
CERTIFICATE OF PAYEE: Payee must complete and sign below.			
To learn about your privacy rights, how we may use your information, and the consequences fo go to ftb.ca.gov/forms and search for 1131 . To request this notice by mail, call 800.852.5711.	r not provi	iding	the requested information,
Under penalties of perjury, I declare that I have examined the information on this form, including statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further if the facts upon which this form are based change, I will promptly notify the withholding agent.			
Type or print payee's name and title	Te	elepl	none
Payee's signature ▶	D	ate _	