2024 Withholding Exemption Certificate

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.) | State ZIP code | |
| Exemption Reason | | |
| Check only one box. | | |
| By checking the appropriate box below, the payee certifies the reason for the exempti requirements on payment(s) made to the entity or individual. | ion from the California income tax withholding | |
| Individuals — Certification of Residency: I am a resident of California and I reside at the address shown above. If I be notify the withholding agent. See instructions for General Information D, Defi | | |
| Corporations: | | |
| The corporation has a permanent place of business in California at the addre California Secretary of State (SOS) to do business in California. The corpora corporation ceases to have a permanent place of business in California or co the withholding agent. See instructions for General Information D, Definitions | ation will file a California tax return. If this eases to do any of the above, I will promptly notify | |
| Partnerships or Limited Liability Companies (LLCs): The partnership or LLC has a permanent place of business in California at the California SOS, and is subject to the laws of California. The partnership or LL or LLC ceases to do any of the above, I will promptly inform the withholding a partnership (LLP) is treated like any other partnership. | C will file a California tax return. If the partnership | |
| Tax-Exempt Entities: | | |
| The entity is exempt from tax under California Revenue and Taxation Code (Internal Revenue Code Section 501(c) (insert number). If this entity co the withholding agent Individuals cannot be tax-exempt entities | | |

□ Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

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 California resident at the time of death. The estate will file a California fiduciary tax return.

Nonmilitary Spouse of a Military Servicemember:

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, 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 for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711,

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that 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 | Telephone |
|--------------------------------------|-----------|
| Payee's signature ► | Date |
| | |
| | |