## 2021 Withholding Exemption Certificate

**590** 

The payee completes this form and submits it to the withholding agent. The withholding ager	nt keeps this	s form with their records.
Withholding Agent Information		
Name		
David Laboration		
Payee Information Name	☐ SSN or ITIN	FEIN Z CA Corp no. CA SOS file no.
MARK'S PAINT STORE, INC.	95-3521153	
Address (apt./ste., room, PO box, or PMB no.)	95-35211	<u> </u>
4830 VINELAND AVENUE		
City (If you have a foreign address, see instructions.)	Sta	ate ZIP code
NORTH HOLLYWOOD	C	A 91601
Exemption Reason	•	
Check only one box.		
By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.		
Individuals — Certification of Residency:  I am a resident of California and I reside at the address shown above. If I become a n notify the withholding agent. See instructions for General Information D, Definitions.	onresident a	at any time, I will promptly
Corporations:  The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.		
Partnerships or Limited Liability Companies (LLCs): The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other 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 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 go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.	or not provid	ling the requested information,
Under penalties of perjury, I declare that I have examined the information on this form, includin statements, and to the best of my knowledge and belief, it is true, correct, and complete. I furth if the facts upon which this form are based change, I will promptly notify the withholding agent.	ner declare u	nying schedules and under penalties of perjury that
Type or print payee's name and title Mike Umann - President	Tel	ephone (818) 766-3949
Payee's signature ► /// // // // // // // Payee's signature ► /// // // // // // // // // // // //	Da	te
	_	