

# 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 \_\_\_\_\_

Name \_\_\_\_\_  SSN or ITIN  FEIN  CA C.R. #  CA SOS # \_\_\_\_\_

Address (a.t./alt., from, PO box, or PMB) \_\_\_\_\_

City (include area and address, see instructions) \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## Employer Information

Check only one box.

Block tax rate based on a contract or assignment to perform California contract services (s) maintained in California.

## CERTIFICATE OF PAYEE: Payee must complete a block.

For more information about your rights, visit [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. For assistance, contact the Taxpayer Advocate Service at 800.852.5711.

Under penalty of perjury, I declare that I am an individual, currently a resident of California, and that I am not a partner, officer, or director of a corporation, partnership, or trust. I understand that this declaration is required for me to be eligible for the tax benefits of this certificate.

Taxpayer's signature \_\_\_\_\_