CALIFORNIA FORM

2024 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

Payee Information				
Name	SSN or IT	SSN or ITIN 🗹 FEIN 🗌 CA Corp no. 🗌 CA SOS file no		
Softchoice Corporation	13-38	13-3827773		
Address (apt./ste., room)	11			
314 W Superior St., Suite 400				
City (If you have a foreign address, see instructions.)	1	State	ZIP code	
Chicago		IL	60654	
Exemption Reason				
Check only one box.				
By checking the appropriate box below, the payee certifies the reason for the exemption from requirements on payment(s) made to the entity or individual.	om the Califor	nia ii	ncome tax withholding	
 Individuals — Certification of Residency: I am a resident of California and I reside at the address shown above. If I become notify the withholding agent. See instructions for General Information D, Definition Corporations:	ns. hown above o	or is (qualified through the	
California Secretary of State (SOS) to do business in California. The corporation corporation ceases to have a permanent place of business in California or ceases 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 ad California SOS, and is subject to the laws of California. The partnership or LLC wi or LLC ceases to do any of the above, I will promptly inform the withholding agent partnership (LLP) is treated like any other partnership.	ill file a Califor	rnia t	ax return. If the partnership	
Tax-Exempt Entities: The entity is exempt from tax under California Revenue and Taxation Code (R&TC Internal Revenue Code Section 501(c) (insert number). If this entity ceases the withholding agent. Individuals cannot be tax-exempt entities.				
Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified I The entity is an insurance company, IRA, or a federally qualified pension or profit-			aring Plans:	
California Trusts: At least one trustee and one noncontingent beneficiary of the above-named trust California fiduciary tax return. If the trustee or noncontingent beneficiary becomes notify the withholding agent.	is a California	a resi		
Estates — Certification of Residency of Deceased Person: I am the executor of the above-named person's estate or trust. The decedent was The estate will file a California fiduciary tax return.	a California r	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 Spore requirements. See instructions for General Information E, MSRRA.	ouse Residen	icy R	elief Act (MSRRA)	
CERTIFICATE OF PAYEE: Payee must complete and sign below.				
Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax B this notice by mail, call 800.338.0505 and enter form code 948 when instructed.				
Under penalties of perjury, I declare that I have examined the information on this form, incl	uding accomp	banyi	ng 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 (410) 300-9002
Pavee's signature	 Date <u>Jul 4, 2024</u>
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