2020 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

Payee Information

Name	SSN or ITIN 🗹 FEIN 🗌 CA Corp no. 🗌 CA SOS file no.
Three Amigos Studio Transportation LLC	46-0997561
Address (apt./ste., room, PO box, or PMB no.)	
28523 Shana Place	
City (If you have a foreign address, see instructions.)	State ZIP code
Saugus	CA 91350-3836
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 nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions. 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 addre California SOS, and is subject to the laws of California. The partnership or LLC will fil 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.	le a California tax return. If the partnership
Tax-Exempt Entities: The entity is exempt from tax under California Revenue and Taxation Code (R&TC) S Internal Revenue Code Section 501(c) (insert number). If this entity ceases to 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 Skip Fairlee Partner	Telephone 661-510-6177
Payee's signature ►	Date08/20/2021
Order	