## **2024 Withholding Exemption Certificate**

**590** 

The payee completes this form and submits it to the withholding agent. The withholding agent	t keeps this f	orm with their records.
Withholding Agent Information		
Name		
Payee Information		
Name	SSN or ITIN FEIN CA Corp no. CA SOS file no.	
Quadient Leasing USA, Inc.	94-2984524	
Address (apt./ste., room)		
478 Wheelers Farms Road		
City (If you have a foreign address, see instructions.)	State	ZIP code
Milford	СТ	06461
Exemption Reason		
Check only one box.		
By checking the appropriate box below, the payee certifies the reason for the exemption from the requirements on payment(s) made to the entity or individual.	ne California i	ncome tax withholding
Individuals — Certification of Residency: I am a resident of California and I reside at the address shown above. If I become a notify the withholding agent. See instructions for General Information D, Definitions.	onresident at	any time, I will promptly
Corporations: The corporation has a permanent place of business in California at the address shown California Secretary of State (SOS) to do business in California. The corporation will fill corporation ceases to have a permanent place of business in California or ceases to do the withholding agent. See instructions for General Information D, Definitions.	le a California	tax return. If this
Partnerships or Limited Liability Companies (LLCs):  The partnership or LLC has a permanent place of business in California at the address California SOS, and is subject to the laws of California. The partnership or LLC will file 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.	a California t	ax return. If the partnership
Tax-Exempt Entities:  The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Se Internal Revenue Code Section 501(c) (insert number). If this entity ceases to be the withholding agent. Individuals cannot be tax-exempt entities.		
Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pens The entity is an insurance company, IRA, or a federally qualified pension or profit-shar		naring Plans:
California Trusts:  At least one trustee and one noncontingent beneficiary of the above-named trust is a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a 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 Ca The estate will file a California fiduciary tax return.	alifornia resido	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 Spouse requirements. See instructions for General Information E, MSRRA.	Residency R	telief 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 <b>ftb.ca.gov/privacy</b> to le or go to <b>ftb.ca.gov/forms</b> and search for <b>1131</b> to locate FTB 1131 EN-SP, Franchise Tax Board this notice by mail, call 800.338.0505 and enter form code <b>948</b> when instructed.		
Under penalties of perjury, I declare that I have examined the information on this form, including statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further 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 Dawn Tallini, Sr Tax Manager	Telep	phone (203) 301-3400
Payee's signature ▶	Date	01-05-2024