2024 Withholding Exemption Certificate

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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		
Payee Information		
Name	SSN or ITIN Z FEIN CA Corp no. CA SOS file no.	
Nalco Company LLC	82-4607045	
Address (apt./ste., room)		
1 Ecolab Place		
City (If you have a foreign address, see instructions.)	State	ZIP code
St. Paul	MN	55102
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.	he California ir	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 n notify the withholding agent. See instructions for General Information D, Definitions.	onresident at a	any time, I will promptly
Corporations: The corporation has a permanent place of business in California at the address show California Secretary of State (SOS) to do business in California. The corporation will fit corporation ceases to have a permanent place of business in California or ceases to the withholding agent. See instructions for General Information D, Definitions.	ile 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. Fo partnership (LLP) is treated like any other partnership.	e 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) 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 C The estate will file a California fiduciary tax return.	alifornia reside	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 Residency Relief Act (MSRRA) requirements. See instructions for General Information E, 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 to leave to go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board 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, 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.	er declare und	
Type or print payee's name and title Melissa Blais, VP of Tax	Telep	hone (651) 250-4370
Type or print payee's name and title Melissa Blais, VP of Tax Payee's signature ▶ Melissa Blais, VP of Tax	Date	01/09/2025