

- Rush : 1-2 Days,
Once Signed SS4
Rec'd : \$105
- Routine: 2 Weeks :
\$55

SERVICO, INC.

283 Washington Avenue
Albany, New York 12206
FAX TO: 518-463-3752

WORKSHEET FOR EMPLOYER IDENTIFICATION NUMBER

1. Legal name of entity (or individual) for whom EIN is being requested 1(a) Phone number for entity (no third parties)

2. Trade name of business (if different from name above)

3. Mailing address (room, apt. suite no. and street, or PO Box)

4. "Care of" Name (must use same name of signing officer or member (LLC) or mail may not be delivered)

5. Physical location / street address (if different) (Do not enter a PO Box)

6. County and State where principal business is located

7. Name, Title and SS# of principal officer (corp), managing member (LLC), general partner, grantor, owner or trustee

8. Type of entity (check only one box)

- Sole Proprietor (SS#) _____
- Partnership
- Corporation (enter form number to be filed) _____
- Personal Service Corp.
- Church or church-controlled organization
- Other nonprofit organization (specify) _____
- Estate (SS# of decedent) _____
- Other (specify) _____

LLC: Number of members _____ Answer yes/no question below.

***IMPORTANT:** Depending on number of members, LLC's are treated by the IRS by default as follows:

1. a single member LLC or LLC with husband and wife members only is classified as an entity disregarded as separate from its owner.
2. a multi member LLC is classified as a partnership

I ACCEPT THE DEFAULT CLASSIFICATION AS ABOVE: YES NO

*To avoid either default classification and be treated as a corporation, file form 8832 or 2553 (S-Corp Status) in a timely manner. (Call us for forms)

9. Reason for applying (check only one box)

- Started new business (specify type) _____
- Hired employees (check the box and see question 12)
- Compliance with IRS withholding regulations
- Other (specify) _____

Banking purpose (specify purpose) _____

Changed type of organization (specify new type) _____

Purchased Going Business

Created a trust (specify type) _____

Created a pension plan (specify type) _____

10. Date business started or acquired (month, day, year)

11. Closing month of accounting year

12. First date actual wages were or will be paid from which taxes will be withheld (month, day, year)

13. Highest number of employees expected in the next 12 months. Note: if the applicant does not expect to have employees during the period, enter "-0-" in each space below.

Agricultural:

Household:

Other:

13a. Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? YES NO

(if you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "YES")

14. Check one box that best describes the principal activity of your business:

- Construction Rental & Leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker
 Real Estate Manufacturing Finance & insurance Accomodation & food service Wholesale-other
 Retail Other (specify) _____

15. Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided

16. Has the applicant entity shown on line 1 ever applied for and received an EIN? YES NO

If "YES", write previous EIN here: _____

All information contained in work sheet should be used for informational purposes only. Any posting or correspondence shall not be used or construed as legal or investment advice. We strongly recommend NO ACTION should be based and taken upon this information without consulting a legal counselor and/or financial advisor.

This message and all attachments are confidential and may be protected by client privilege. Any unauthorized review, use, disclosure or distribution is prohibited. If you believe this message has been received in error, please notify the sender by replying to this transmission and delete the message without disclosing it. Thank you.

Your Name: _____

Your Firm: _____

Billing / Mailing Address: _____

Your Phone: _____ Your Fax: _____

Let This Letter Serve as My Authorization to Charge my AMEX / MC / VISA / Discover (Initial Here): _____

Card Number: _____ Expires _____ Amount _____

Print Name of Card Holder: _____

Print Complete Billing Address on Credit Card: _____

Signature of Card Holder: _____