

|                        |  |  |
|------------------------|--|--|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested<br><u>Two Rivers - Manitowoc, Wisconsin NOW chapter</u> |  |
|                        | 2 Trade name of business (if different from name on line 1)<br><u>Same</u>   | 3 Executor, trustee, "care of" name<br><u>c/o Susan Johnson</u>            |
|                        | 4a Mailing address (room, apt., suite no. and street, or P.O. box)<br><u>1234 W. Seventh Street</u>                                | 5a Street address (if different) (Do not enter a P.O. box.)<br><u>Same</u> |
|                        | 4b City, state, and ZIP code<br><u>Manitowoc, WI 56789</u>   | 5b City, state, and ZIP code<br><u>Same</u>                                |
|                        | 6 County and state where principal business is located<br><u>Manitowoc</u>   |  |
|                        | 7a Name of principal officer, general partner, grantor, owner, or trustee  | 7b SSN, ITIN, or EIN   |

8a Type of entity (check only one box)

|  |  |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN)   | <input type="checkbox"/> Estate (SSN of decedent)              |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Plan administrator (SSN)              |
| <input type="checkbox"/> Corporation (enter form number to be filed) ▶                         | <input type="checkbox"/> Trust (SSN of grantor)                |
| <input type="checkbox"/> Personal service corp.  | <input type="checkbox"/> National Guard                        |
| <input type="checkbox"/> Church or church-controlled organization                              | <input type="checkbox"/> State/local government                |
| <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <u>GEN # 3142</u> | <input type="checkbox"/> Farmers' cooperative                  |
| <input type="checkbox"/> Other (specify) ▶   | <input type="checkbox"/> Federal government/military           |
|  | <input type="checkbox"/> REMIC                                 |
|  | <input type="checkbox"/> Indian tribal governments/enterprises |

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

|       |                 |
|-------|-----------------|
| State | Foreign country |
|-------|-----------------|

9 Reason for applying (check only one box)

|   |  |
|---|--|
| <input type="checkbox"/> Started new business (specify type) ▶                            | <input type="checkbox"/> Banking purpose (specify purpose) ▶               |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.)                 | <input type="checkbox"/> Changed type of organization (specify new type) ▶ |
| <input type="checkbox"/> Compliance with IRS withholding regulations                      | <input type="checkbox"/> Purchased going business                          |
| <input checked="" type="checkbox"/> Other (specify) ▶ <u>Organized non-profit chapter</u> | <input type="checkbox"/> Created a trust (specify type) ▶                  |
|   | <input type="checkbox"/> Created a pension plan (specify type) ▶           |

10 Date business started or acquired (month, day, year) May 10, 2002

11 Closing month of accounting year December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A

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

|                      |           |          |
|----------------------|-----------|----------|
| Agricultural         | Household | Other    |
| <u>if applicable</u> | <u>0</u>  | <u>0</u> |

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

|                                       |   |   |  |   |
|---------------------------------------|---|---|--|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Rental & leasing | <input type="checkbox"/> Transportation & warehousing | <input type="checkbox"/> Health care & social assistance                               | <input type="checkbox"/> Wholesale-agent/broker |
| <input type="checkbox"/> Real estate  | <input type="checkbox"/> Manufacturing    | <input type="checkbox"/> Finance & insurance          | <input type="checkbox"/> Accommodation & food service                                  | <input type="checkbox"/> Wholesale-other        |
|                                       |   |   | <input checked="" type="checkbox"/> Other (specify) <u>social welfare organization</u> | <input type="checkbox"/> Retail                 |

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
No products or services sold for profit

16a Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No  
Note: If "Yes," please complete lines 16b and 16c. (as applicable)

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Third Party Designee

|  |   |
|--|---|
| Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. |   |
| Designee's name  | Designee's telephone number (include area code) |
| Address and ZIP code   | Designee's fax number (include area code)       |

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ SUSAN JOHNSON, CHAPTER COORDINATOR

Signature ▶ Susan Johnson Date ▶ May 16, 2002