002385.420688.41417.4180 1 MB 0.435 530 րեցելիիիկայիներիններոկյանդերուիներներների

42420

FIRST ON SCENE CPR DANIEL S CARTER SOLE MBR 3023 BRIARCLIFF TRL HENDERSON KY

002385

Date of this notice: 03-03-2014

Employer Identification Number: 46-4932898

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-4932898. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

## IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is FIRS. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return this stub. Thank you for your cooperation.



002385

Keep this part for your records. CP 575 G (Rev. 1-2013)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

0509906491

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 03-03-2014 EMPLOYER IDENTIFICATION NUMBER: 46-4932898 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 վնախերթեգենցովիվ|||իցվիոսվիվիրգներից FIRST ON SCENE CPR DANIEL S CARTER SOLE MBR 3023 BRIARCLIFF TRL HENDERSON KY 42420

## Form SS-4

(Rev. January 2010)

## **Application for Employer Identification Number**

to instructions for each line

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Keen a copy for your records.

EIN

OMB No. 1545-0003

46-4932898

F	gal name of entity (or individual) for whom the EIN is being r irst On Scene CPR	equested		
	ade name of business (if different from name on line 1)	3 Execut	tor, administrator, trustee	e, "care of" name
	ailing address (room, apt., suite no. and street, or P.O. box) 023 BriarCliff Trail	5a Street address (if different) (Do not enter a P.O. box.)		
Н	ity, state, and ZiP code (if foreign, see instructions)	5b City, state, and ZiP code (if foreign, see instructions)		
	ounty and state where principal business is located			
Н	lenderson, Kentucky	7	b SSN, ITIN, or EIN	
	ame of responsible party Daniel S. Carter	,,,	b 33N, ITHN, OF EIN	400-98-1902
	application for a limited liability company (LLC) (or gn equivalent)?    ✓ Yes	□ No 8	b If 8a is "Yes," enter t LLC members	he number of   1
	s "Yes," was the LLC organized in the United States?			☑ Yes ☐ No
Type	of entity (check only one box). Caution. If 8a is "Yes," see	the instruction	ons for the correct box to	o check.
☐ Sc	ole proprietor (SSN)		Estate (SSN of decede	nt)
growing .	artnership		Plan administrator (TIN	
	orporation (enter form number to be filed) >		Trust (TIN of grantor)	
□ Pe	ersonal service corporation		National Guard	State/local government
☐ CI	hurch or church-controlled organization		Farmers' cooperative	Federal government/military
	ther nonprofit organization (specify)	🛭	REMIC	Indian tribal governments/enterprise
	ther (specify) Disregarded entity		oup Exemption Number	
	orporation, name the state or foreign country State of St	3	Foreig	n country
Reaso	son for applying (check only one box) ☐ Banking purpose (specify purpose) ▶			
☐ St	Started new business (specify type) ▶ ☐ Changed type of organization (specify new type) ▶			
	✓ Purchased going business			
☐ HI	ired employees (Check the box and see line 13.)	reated a trus	t (specify type) >	
	ompliance with IRS withholding regulations ☐ C ther (specify) ►	Preated a pen	sion plan (specify type) I	-
Date b	business started or acquired (month, day, year). See instruc 02/20/2014	itions.	12 Closing month of a	
Higher	st number of employees expected in the next 12 months (enter	-D- if none).		employment tax liability to be \$1,000 andar year and want to file Form 944
	no employees expected, skip line 14.		annually instead of	Forms 941 quarterly, check here. tax liability generally will be \$1,000
Agr	ricultural Household Oth	er :		ot to pay \$4,000 or less in total of check this box, you must file
First d	date wages or annuities were paid (month, day, year). Note. sident alien (month, day, year)	. If applicant i		
	one box that best describes the principal activity of your busin	ness. [] i	Health care & social assistar	nce  Wholesale-agent/broker
	onstruction   Rental & leasing   Transportation & warel		Accommodation & food serv	얼마 그님, 그를 하고 있는 그렇게 된 사람들이 되었다. 그 그 바쁜 그들은 이번 하는데 살으면서 그렇게 되었다.
-	eal estate  Manufacturing  Finance & insurance		Other (specify) Educat	
	te principal line of merchandise sold, specific construction			
Educ	cation			
Has th	he applicant entity shown on line 1 ever applied for and rec	eived an EIN	? Yes No	
If "Yes	s," write previous EIN here ►			
	Complete this section only if you want to authorize the named individual	to receive the er	ntity's EIN and answer question	s about the completion of this form.
nird	Designee's name Nicole Ramirez (93012413), GovServices Corp.		Designee's telephone number (include area cod	
111			( 888 ) 702-1307	
arty	Address and ZIP code		The second secon	
	Address and ZIP code			Designee's fax number (include area cod
arty	Address and ZIP code 16192 COASTAL HIGHWAY, LEWES, DE 19958	3		Designee's fax number (include area code ( 888 ) 593-2328
arty esignee			it is true, correct, and complete.	How Many and Administration
esignee	16192 COASTAL HIGHWAY, LEWES, DE 19958	owindge and belief.		( 888 ) 593-2328