



## EIN Assistant

Your Progress:

1. Identify

2. Authenticate

3. Addressed

4. Details

5. EIN Confirmation

**Congratulations! The EIN has been successfully assigned.**EIN Assigned: **85-3055685**Legal Name: **ZACHARY HERNAN INSURANCE AGENCY INC**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

**We strongly recommend you print this page for your records.**

Click "Continue" to get additional information about using the new EIN.

[Continue >>](#)

## Help Topics

[Can the EIN be used before the confirmation letter is received?](#)

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## EIN Assistant

Your Progress: 1. Identify 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

## Summary of your information

Please review the information you are about to submit. If any of the information below is incorrect, you will need to [start a new application](#).

Click the "Submit" button at the bottom of the page to receive your EIN.

## Organization Type: S Corporation

## S Corporation Information

Legal name: ZACHARY HERNAN INSURANCE AGENCY INC  
 County: JEFFERSON  
 State/Territory: KY  
 Date Corporation started or acquired: OCTOBER 2020  
 Closing month of accounting year: DECEMBER (The closing month of the accounting year is defaulted to December due to your organization type. To change your closing month of accounting year, complete [Form 1128](#) / [Form 8716](#).)  
 State/Territory where articles of organization are (or will be) filed: KY

## Help Topics

[What is Form 1128?](#)

[What is Form 8716?](#)

## Addresses

Physical Location: 10116 TAYLORSVILLE RD  
 LOUISVILLE KY 40299  
 Phone Number: 502-749-5466  
 Mail directed to: ZACHARY HERNAN  
 TPD Name: ROBERT W PATTERSON JR  
 TPD Address: 1615 SYLVAN WAY  
 LOUISVILLE KY 40205  
 TPD Phone Number: 502-664-1037

## Responsible Party

Name: ZACHARY HERNAN  
 SSN/ITIN: XXX-XX-0250

## Employee Information

Date wages or annuities will be paid: OCTOBER 2020  
 Number of agricultural employees: 0  
 Number of other employees: 5  
 Tax Liability of \$1000 or less during calendar year: NO

## Principal Business Activity

What your business/organization does: INSURANCE  
 Principal products/services: INSURANCE AGENT

## Additional S Corporation Information

Owns a 55,000 pounds or greater highway motor vehicle: NO  
 Involves gambling/wagering: NO  
 Involves alcohol, tobacco or firearms: NO  
 Files Form 720 (Quarterly Federal Excise Tax Return): NO  
 Has employees who receive Forms W-2: YES  
 Reason for Applying: CHANGED TYPE OF ORGANIZATION

We strongly recommend you print this summary page for your records as this will be your only copy of the application. You will not be able to return to this page after you click the "Submit" button.