

June 16, 1999

Form **SS-4**

Application for Employer Identification Number

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN [REDACTED]
OMB No. 1545-0003

Keep a copy for your records.

1 Name of applicant (legal name) (see instructions) Santa Rosa County 4-H Club Fund		3 Executor, trustee, "care of" name [REDACTED]	
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b)	
4a Mailing address (street address) (room, apt. or suite no.) 6051 Old Bagdad Hwy., Rm. 116		5b City, state, and ZIP code	
4b City, state, and ZIP code Milton, FL 32583-8932		6 County and state where principal business is located Milton - Santa Rosa County, Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶			

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<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"/> REMIC	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ 4-H Club (enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ▶	

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

State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

<input type="checkbox"/> Started new business (specify type) ▶	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ 4-H Member Fees, Dues, Donations
<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"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶
	<input checked="" type="checkbox"/> Other (specify) ▶ Non Profit 4-H Club

10 Date business started or acquired (month, day, year) (see instructions)
Sept. 1980

11 Closing month of accounting year (see instructions)
August

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-. (see instructions)

Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ▶ **4-H Club - Youth Organization NON PROFIT**

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used ▶

N/A

Yes No

16 To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶ N/A	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business?
Note: If "Yes," please complete lines 17b and 17c.

Yes No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c 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
N/A		

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.

4-H Coordinator

Name and title (Please type or print clearly) ▶

Business telephone number (include area code)
[REDACTED]

Fax telephone number (include area code)
[REDACTED]

Signature ▶ [REDACTED] Date ▶ **June 16, 1999**

Note: Do not write below this line. For official use only.