



# Internal Revenue Service

DEPARTMENT OF THE TREASURY

The Digital Daily

## Federal Tax ID / EIN

This is your provisional Employer Identification Number:

**20-1482161**

Today's Date is: August 12, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. - you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key

You may click on the buttons below for different print options or to fill out another Form SS-4.

Click [here](#) to return to the Internet Employer identification Number landing (start) page.

Form <b>SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN  20-1482161  OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Junior Enlisted Association JEA					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) SMC CCC 2420 Vela Way Suite 1366			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code El Segundo CA 90245 - 4659			5b City, state, and ZIP code		
6* County and state where principal business is located County Los Angeles State CA					
7a Name of principal officer, general partner, grantor, owner, or trustee			7b SSN, ITIN, EIN		
8a* Type of entity (check only one)					
<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		<input type="checkbox"/> National Guard		<input type="checkbox"/> State/local government	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative		<input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> REMIC		<input type="checkbox"/> Indian tribal government/enterprises	
<input checked="" type="checkbox"/> Other (specify) ▶ Fed Gov USAF Militar		<input type="checkbox"/> Group Exemption NO. (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)					
<input type="checkbox"/> Started new business (specify type) ▶		<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶		<input type="checkbox"/> Activity Fund	
		<input type="checkbox"/> Changed type of organization (specify new type) ▶			
<input type="checkbox"/> Hired employees (Check the box and see line 12)		<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a trust (specify type) ▶			
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶			
10* Date business started or acquired (month, day, year) AUG 1 2004			11 Closing month of accounting year		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i>				Agriculture 0	Household 0
				Other 0	
14* Check box that best describes the principal activity of your business					
<input type="checkbox"/> Construction		<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Health care & social assistance	
<input type="checkbox"/> Real estate		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Transportation & warehousing	
		<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Accommodation & food service	
<input checked="" type="checkbox"/> Other (specify) Unified States Air Force				<input type="checkbox"/> Retail	
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Nonapplicable					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
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 (month, day, year)			City and state where filed		Previous EIN
Complete 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					
Third Party Designee	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.				Applicant's telephone number (include area code)	
Name and title (type or print clearly)					

Signature	<input type="checkbox"/> Not Required	Date	August 12, 2004 GMT	Applicant's fax number (include area code)	( 310 ) 363 - 3859
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