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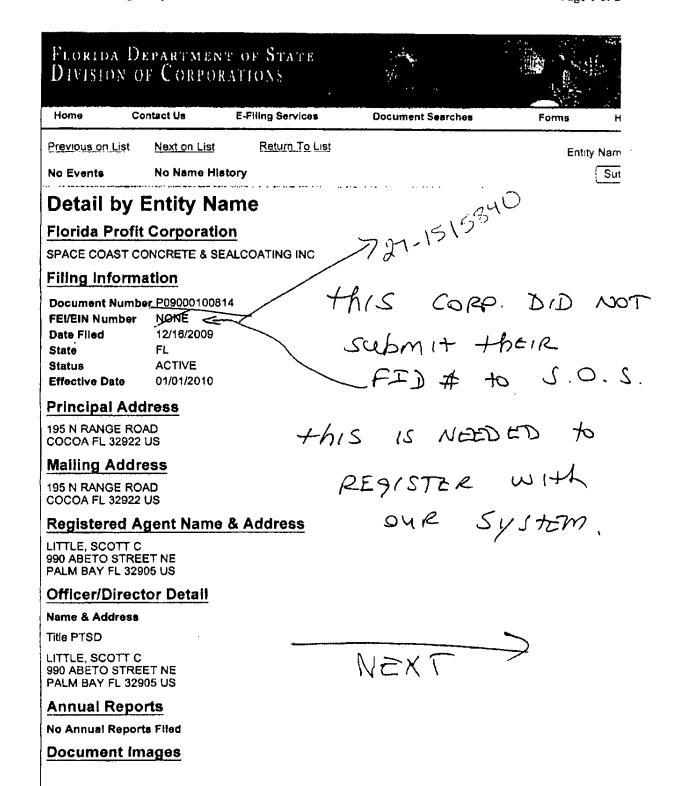
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857-667-0108 PAYCHEX

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Employer Identification Number Verification Form

Note: Form must be accompanied by a completed 8821.

The IRS Practitioner Priority Service hotline (866-860-4259) can be used to confirm a taxpayer's EIN verbally. Make every attempt to procure alternate sources of federal documentation. This includes having the client contact the IRS directly in order to receive a federal document.

For extreme cases where it is not possible to obtain any form of documentation, Taxpay® will accept new loads without federal documentation, as long as there is a documented conversation with the IRS. The documented conversation should include the name and badge ID number of the IRS representative that verified the client's EIN number, name, and address.

All fields are required.
Client's Employer Identification Number 27-15/5840
Client's Legal Name Space COAST CONCRETE & SCALCOATING INC
DBA
Client's Legal Address 195 N Rance Road Cococy Fl
32926
IRSEE Name haven Niederhelman
IRS EE Badge ID# 10 00 19 6360
Nicole Royer
Sales Representative or Designee Name (Printed)
Mucole Rouse
Sales Representative or Designee Signature
Verification Date 12 / 17 / 10
Verification Time 8:55 AM/PM
Type of Filer (941) / 943 / 944
Seasonal Employer: Yo(N)

OMB No. 1545-1185 FOR IRS Use Only Tax Information Authorization (Rev. August 2008) * Do not sign this form unless all applicable lines have been complete: Vaine Department of the Treasury Do not use this form to request a copy or transcript of your - tax - return. Internal Revenue Service unction Instead, use Form 4506 or Form 4506-7 Taxpayer Information. Taxpayer(s) must sign and date this form on line 7 Social security number(s) **Employer Identification Number** Taxpayer name(s) and address (type or print) 0392 413 06 Space Coast Concrete & Sealcoating Inc 990 Abeto Street NE 27-1515840 Daytime telephone number Plan number (if applicable) Palm Bay, FL 32905 (321)288-5161 Appointee. If you wish to name more than one appointee, attach a list to this form. Name and address CAF No..... Paychex, Inc. 161124166 Telephone No 911 Panorama Trail South Rochester, NY 14625 Check if new: Address Telephone No. T Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns. (c) Tax Form Number Year(s) or Period(s) Type of Tax (Income, Employment Excise, Specific Tax Matters (see instr.) (1040, 941, 720, etc.) (see the instructions for line 3) etc.) or Civil Penalty Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6. For name, address & EIN verification and/or research of entity Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked): If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box b. If you do not want any copies of notices or communications sent to your appointee, check this box. Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you, want to remain, in effect and To revoke this tax information authorization, see the instructions on page 4. Signature of taxpayer(s), if a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer. I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above. ▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.!! DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.0 12/16/2010

ig it is

Prot Name

Title (if applicable)

Owner

Scott Little

Print Name

PIN number for electronic signature

Title (if applicable)

Rivera, Maribel

From: Sent: Seidel, Marijke V [mseidel@paychex.com]

To

Friday, December 17, 2010 1:26 PM

To: Subject: CorpAddressChange EIN update for Sunbiz.org

Attachments:

Scan001.PDF

Good afternoon,

A current client of ours asked me to forward this IRS information to you.

Apparently the EIN# has never been updated on Sunbiz, so could you please use the supporting information to enter in their: FEI/EIN Number?

They just submitted their DR-1 online application today, and they did not want the missing FEI/EIN Number, to hold up getting a SUI Acct#.

If you have any questions, please feel free to call me or the client.

Client Contact: Scott C Little Tel# 321-288-5161

Thank you for your time.

Marijke Seidel Paychex Inc Sales Assistant Tel # 800-532-4980 ext. 22750 Fax # 877-884-0645

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