

178000084981

100 2000

Form **SS-4**

Application for Employer Identification Number

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

EIN

OMB No. 1545-0003

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Garibay Rachel

2 Trade name of business (if different from name on line 1)
Soaring Wings

3 Executor, trustee, "care of" name
N/A

4a Mailing address (street address) (room, apt., or suite no.)
3342 Yonge Ave.

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Sarasota FL 34235

5b City, state, and ZIP code

6 County and state where principal business is located
Sarasota County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶
N/A Wynnberry Joseph A SS 245-64-9669

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

Garibay 514-3816787

Sole proprietor (SSN) Personal service corp. Estate (SSN of decedent)

Partnership National Guard Plan administrator (SSN)

REMIC Farmers' cooperative Other corporation (specify) ▶

State/local government Church or church-controlled organization Trust

Other nonprofit organization (specify) ▶ (enter GEN if applicable)

Other (specify) ▶

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

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

Started new business (specify type) ▶ Contracting

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ▶

Banking purpose (specify purpose) ▶

Changed type of organization (specify new type) ▶

Purchased going business

Created a trust (specify type) ▶

Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) Sept 98

11 Closing month of accounting year (see instructions) Dec 31

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
<u>0</u>	<u>0</u>	<u>0</u>

14 Principal activity (see instructions) ▶ Aircraft Maintenance Contractor

Yes No

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

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

Public (retail) Other (specify) ▶ Services (Inspection/Maintenance) Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

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

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.

Name and title (Please type or print clearly.) ▶ Rachel Garibay, Officer Business telephone number (include area code) 941-358-0797

Signature ▶ Rachel Garibay Date ▶ April 2-00 Fax telephone number (include area code) 941-355-4708

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

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying