

68-0179138

Form **SS-4**

Application for Employer Identification Number

Official Use Only

(Rev. August 1988)
Department of the Treasury
Internal Revenue Service

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

OMB No. 1545-0003
Expires 7-31-91
Case # 030189-000

1 Name of applicant (True legal name. See instructions.)
Skyview Willowbrook Association for Road Maintenance

2 Trade name of business if different from item 1
SWARM

3 Executor, trustee, "care of name"

4 Mailing address (street address) (room, apt., or suite no.)
P.O. BOX 869

5 Address of business, if different from item 4. (See instructions.)

4a City, state, and ZIP code
WILLITS CA 95490

5a City, state, and ZIP code

6 County and State where principal business is located
MENDOCINO COUNTY, CALIFORNIA

7 Name of principal officer, grantor, or general partner. (See instructions.) **LARRY MINSON, ACTING TREASURER**

8 Type of entity (Check only one.) (See instructions.)
 Individual SSN
 REMIC
 State/local government
 Other nonprofit organization (specify)
 Farmers' cooperative
 Estate
 Other (specify) ▶
 Personal service corp.
 National guard
 Trust
 Plan administrator SSN
 Other corporation (specify) **1120-H (Homeowner's Assn)**
 Partnership
 Federal government/military
 Church or church controlled organization
If nonprofit organization enter GEN (if applicable)

8a If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country State **CALIFORNIA**

9 Reason for applying (check only one)
 Started new business
 Hired employees
 Created a pension plan (specify type) ▶
 Banking purpose (specify) ▶
 Changed type of organization (specify) ▶
 Purchased going business
 Created a trust (specify) ▶
 Other (specify) ▶

10 Business start date or acquisition date (Mo., day, year) (See instructions.) **1-1-88** 11 Enter closing month of accounting year (See instructions.) **DECEMBER**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year). **N/A**

13 Enter 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". Nonagricultural Agricultural Household **0 0 0**

14 Does the applicant operate more than one place of business? Yes No
If "Yes," enter name of business. ▶

15 Principal activity or service (See instructions.) ▶ **HOMEOWNERS ASSN FOR ROAD MAINTENANCE**

16 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used. ▶

17 To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale) N/A
 Public (retail) Other (specify) ▶

18 Has the applicant ever applied for an identification number for this or any other business? Yes No
Note: If "Yes," please answer items 18a and 18b.

18a If the answer to item 18 is "Yes," give applicant's true name and trade name, if different when applicant applied.
True name ▶ **N/A** Trade name ▶ **N/A**

18b Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year) City, and state where filed Previous EIN
N/A N/A 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. Telephone number (include area code)
LARRY MINSON (707) 459-4869
Name and title (please type or print clearly) ▶ **ACTING TREASURER**

Signature ▶ **Larry Minson** Date ▶ **3-1-89**

Note: Do not write below this line. For official use only.
Please leave blank ▶ Geo. Ind. Class Reason for applying