Dickson, Kayla

From: Dickson, Kayla
Sent: Wednesday, August 23, 2006 7:41 PM
To: janwallace@att.net
Subject: EIN–Savannah Corp
Attachments: SDOC6468.pdf

20-5426917

Attached is the paperwork.

Kayla Dickson
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Las Vegas, NV 89120
702·312·6255
702·944·7100 FAX
kdickson@caneclark.com

Full Message Headers


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Received: from mail.caneclark.com ([207.168.91.194])
          by worldnet.att.net (mtiwmxc18) with ESMTP
          id <20060823234132013001800f0uvhe>; Wed, 23 Aug 2006 23:41:32 +0000
X-Originating-IP: [207.168.91.194]
Received: from pluto.ad.lati.com ([10.10.2.175]) by mail.caneclark.com with
 Microsoft SMTPSVC(6.0.3790.1830); Wed, 23 Aug 2006 16:41:27 -0700
Importance: normal
Priority: normal
Subject: EIN--Savannah Corp
Date: Wed, 23 Aug 2006 16:41:25 -0700
Message-ID: <FA87467ADF7D964B9D78DA6B1A556F4453637D@pluto.ad.lati.com>
X-MS-Has-Attach: yes
X-MS-TNEF-Correlator:
Thread-Topic: EIN--Savannah Corp
thread-index: AcbHDaWkiCafVpSMRwKoLCyb6cejtQ==
From: "Dickson, Kayla" <KDickson@caneclark.com>
To: <janwallace@att.net>
Return-Path: <KDickson@caneclark.com>
X-OriginalArrivalTime: 23 Aug 2006 23:41:27.0250 (UTC)
 FILETIME=[A6BC5320:01C6C70D]
Status: RO
MIME-Version: 1.0
Content-Type: multipart/mixed;
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Internal Revenue Service
DEPARTMENT OF THE TREASURY

The Digital Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-5426917

Today's Date is: August 23, 2006 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. If 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.

Review and Print Form SS-4 | Fill Out Another Form SS-4

Click here to return to the Internet Employer Identification Number landing (start) page.

Form **SS-4** (Rev December 2001) Department of the Treasury Internal Revenue Service	**Application for Employer Identification Number** (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 20-5426917 OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
Savannah Corp

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) 6929 East Cheney Drive	5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code Paradise Valley AZ 85253 -	5b City, state, and ZIP code -

6* County and state where principal business is located
County Maricopa State AZ

7a* Name of principal officer, general partner, grantor, owner, or trustor Jan Wallace	7b* SSN, ITIN, EIN 765-14-7593

8a* Type of entity (check only one)

- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☑ Corporation (enter form number to be filed) ▶ consulting
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption N0 (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

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

9* Reason for applying (check only one)

- ☑ Started new business (specify type) ▶ Corporation
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year) JUL 31 2002	11* Closing month of accounting year DEC

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)* ▶

13 Highest number of employees expected in the next twelve months **Note:***If the applicant does not expect to have any employees during the period, enter "-0-"* ▶	Agriculture 0	Household 0	Other 0

14* Check box that best describes the principal activity of your business

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Retail
- ☑ Other (specify) consulting

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
consulting

16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note *If "Yes" please complete lines 16b and 16c*

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 -

Third Party Designee

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

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. Name and title (type or print clearly) ▶	Applicant's telephone number (include area code) ( ) -
Signature ▶ **Not Required** Date ▶ August 23, 2006 GMT	Applicant's fax number (include area code) ( ) -