

Application for Employer Identification Number

OMB No. 1545-0003

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN
84-3811308

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested SLV School Street, LLC						
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name					
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 257 Hillside Avenue	5a Street address (if different) (Do not enter a P.O. box.)					
	4b City, state, and ZIP code (if foreign, see instructions) Needham, MA 02494	5b City, state, and ZIP code (if foreign, see instructions)					
	6 County and state where principal business is located Norfolk County						
	7a Name of responsible party Geoffrey Engler		7b SSN, ITIN, or EIN 023-62-4813				
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members 1					
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.							
<input type="checkbox"/> Sole proprietor (SSN) _____		<input type="checkbox"/> Estate (SSN of decedent) _____					
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (TIN) _____					
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____		<input type="checkbox"/> Trust (TIN of grantor) _____					
<input type="checkbox"/> Personal service corporation		<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 governments/enterprises					
<input checked="" type="checkbox"/> Other (specify) ▶ Limited Liability Company		Group Exemption Number (GEN) if any ▶ _____					
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country				
10 Reason for applying (check only one box)							
<input checked="" type="checkbox"/> Started new business (specify type) ▶ real estate investments and development		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____					
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____					
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business					
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Created a trust (specify type) ▶ _____					
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____							
11 Date business started or acquired (month, day, year). See instructions. November 15, 2019		12 Closing month of accounting year December					
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Agricultural</td> <td style="width:33%;">Household</td> <td style="width:33%;">Other</td> </tr> <tr> <td style="text-align:center;">0</td> <td style="text-align:center;">0</td> <td style="text-align:center;">0</td> </tr> </table>				Agricultural	Household	Other	0
Agricultural	Household	Other					
0	0	0					
15 First date wages or annuities were 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							
16 Check one box that best describes the principal activity of your business.							
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker					
<input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail					
<input type="checkbox"/> Other (specify) _____							
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Real Estate Investment and Development							
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____							

Third Party Designee	Complete this 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 Jason A. Pithie, Esq.		Designee's telephone number (include area code) (781) 682-9010
	Address and ZIP code 158 Pleasant Street, South Weymouth, MA 02190		Designee's fax number (include area code) (781) 682-9011
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) (617) 276-7261
Name and title (type or print clearly) ▶ Geoffrey Engler			Applicant's fax number (include area code) ()
Signature ▶		Date ▶ 11/15/2019	



EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EIN Assigned: 84-3811308

Legal Name: SLV SCHOOL STREET LLC

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

[Continue >>](#)

Help Topics

[? Can the EIN be used before the confirmation letter is received?](#)