Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ► Go to www.irs.gov/FormSS4 for instructions and the latest information.

OMB	No.	1545-0003

EIN

Department of the Treasury			
	Donartmont	of tho	Troocum
	Department	OI LITE	rreasury
Internal Revenue Service	Internal Day	an C	`amilaa `

	al Revenue		► See sep	arate instruction	ns for each li	ine.	► Keep	o a c	copy	for your reco	rds.	
	1 Legal name of entity (or individual) for whom the EIN is being requested HHCSR											
rļ.	2 Tra	ide name	name of business (if different from name on line 1)			3 E	xec	utor	, administrator,		care of" name	
ea										Gottwald, Fisc		
Type or print clearly.		iling address (room, apt., suite no. and street, or P.O. box) 4th Ave N) 5a S	Stree	et ac	ldress (if differe	nt) (Do not	enter a P.O. box.)		
r pri			r, state, and ZIP code (if foreign, see instructions)				5b (City,	stat	te, and ZIP code	e (if foreign	, see instructions)
0			WI 54552	incipal business	is located							
) pe		-	·		is located							
\vdash			nty, Wisconsin sponsible party						7b	SSN, ITIN, or	EINI	
	7a Nai	me or re	sponsible party						76	55IN, 11IIN, OF	EIIN	
8a				liability company			Z Na		8b	If 8a is "Yes," LLC members		
8c				anized in the Unit			✓ No					
9a				box). Caution. If	8a is Yes,	see t	ne instri	uctic				ck.
			etor (SSN)							Estate (SSN of o		
		tnership			_					Plan administra	, ,	
				mber to be filed)				_		Trust (TIN of gra	,	
	_		ervice corporation							Military/Nationa		State/local government
			church-controlle	-						Farmers' cooper	ative	Federal government
			rofit organizatio					_	_	REMIC		Indian tribal governments/enterprises
				R using Fiscal E		ent		(Grou	p Exemption N	umber (GE	N) if any ▶
9b				or foreign count	ry (if	Stat	e				Foreign c	ountry
	applicat	ole) whe	re incorporated									
10	Reason	for app	olying (check or	nly one box)		E	Banking	purp	oose	e (specify purpo	se) ▶	
	Sta	rted nev	v business (spe	cify type) ►			Changed	d typ	e of	organization (s	pecify new	v type) ▶
										business		
	Hire	ed emplo	oyees (Check th	e box and see li	ne 13.)	\Box	Created	a tru	ıst (s	specify type)		
				olding regulation						on plan (specify	tvpe) ▶	
		•		R using Fiscal E						(-)	J1/ _	
11				ed (month, day,			ions.		12	Closing mor	nth of acco	unting year December
			·	, , , , , , , , , , , , , , , , , , , ,	,			ı	14			loyment tax liability to be \$1,000 or
13	Highest	number (of employees ex	pected in the next	12 months (e	nter -	Ω- if non) (A)		less in a full	calendar ye	ear and want to file Form 944
	-		expected, skip		. 12 1110111113 (6	IIICI	0-1111011			•		ms 941 quarterly, check here.
	11 110 0111	ipioyooo	onpooled, omp									liability generally will be \$1,000
	А	gricultur	ral I	Household		Other						pay \$4,000 or less in total wages.) s box, you must file Form 941 for
		0		0		0				every quarte		s box, you must file Form 941 for
15	First da		o or appuition	0	h day yaar	0 No	to: If on	n lin	ont			nter date income will first be paid to
		_		year)						>		N/A
16	Check o	ne box t		es the principal a	, ,			۱∟	Heal ⁻	th care & social	assistance	Wholesale-agent/broker
		struction		leasing Tra	nsportation & w	areho	using	\sqcup $^{\prime}$	Acco	mmodation & fo	od service	☐ Wholesale-other ☐ Retail
		al estate			ance & insura							sing Fiscal Employer Agent
17	Indicate	principa	al line of mercha	andise sold, spec	cific construct	tion v	vork dor	ne, p	orod	ucts produced,	or services	s provided.
	HHCSR	for dor	mestic service	- no filing requi	rement - Fisc	al E	mployer	r Ag	ent	filing consolid	ated returr	ns
18	Has the	applica	nt entity shown	on line 1 ever ap	plied for and	rece	ived an	EIN?	?	∐ Yes ⊾	∠ No	
	If "Yes,"		revious EIN here									
		Comple	ete this section onl	y if you want to aut	horize the name	ed ind	ividual to	recei	ive th	ne entity's EIN and	answer que	stions about the completion of this form.
Thir		Design	nee's name								De	esignee's telephone number (include area code)
Part	-	Journ Cottward, Fiscar Agent								(715) 661-9101		
Des	ignee	Address and ZIP code						D	esignee's fax number (include area code)			
		673 4	4th Ave N, Park	Falls, WI 54552	2							(715) 744-4999
Under	penalties of p			nined this application, a		ny kno	wledge and	d belie	ef, it is	true, correct, and co	mplete. A	pplicant's telephone number (include area code)
			rint clearly) ►	1,			J			Title: HHCS		, (
. 101110	zana iiiio (-, po or pr	Oloury) F							11110.111100		applicant's fax number (include area code)
Sians	ture ▶							Г	Date I	•		
- Signi	Dutino P	at and l		desation Ant Not				4:	- 410	-		Form SS-4 (Pay 12 2017)

Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.

OMB No. 1545-0003

E	ı	ľ	V

Department of the Treasury Internal Revenue Service See separate instructions for each line. Keep a copy for your records.								
IIILEII	1	Legal name of entity (or individual) for whom the EIN is being						
			J - 1		HHCSR			
<i>.</i>	2	MEMBER NAME Trade name of business (if different from name on line 1)	3	Exec	ecutor, administrator, trustee, "care of" name			
ar	_	, and the second of the second						
ë	4a	Mailing address (room, apt., suite no. and street, or P.O. bo	x) 5a		Jean Gottwald, Fiscal Agent eet address (if different) (Do not enter a P.O. box.)			
Ħ			01.0	(1. 2.1.0.0.1.)				
ř	4b	673 4th Ave N City, state, and ZIP code (if foreign, see instructions)	y, state, and ZIP code (if foreign, see instructions)					
Z Z		Park Falls, WI 54552	5b	0.17	y, clais, and <u>an</u> code (in longly, cod mendencing)			
9	6	County and state where principal business is located						
Type or print clearly.		Price County, Wisconsin						
-	7a	Name of responsible party			7b SSN, ITIN, or EIN			
					MEMBER SSN			
 8a	ls th	his application for a limited liability company (LLC)			8b If 8a is "Yes," enter the number of			
-		a foreign equivalent)?	√	No	LLC members			
8c					· · · · · · · · · · · · · · · · · · ·			
9a		be of entity (check only one box). Caution. If 8a is "Yes," see						
ou	.yp	Sole proprietor (SSN)	ti io ii i	otraotiv	Estate (SSN of decedent)			
	H	Partnership			Plan administrator (TIN)			
	H	Corporation (enter form number to be filed)			Trust (TIN of grantor)			
	П	Personal service corporation			☐ Military/National Guard ☐ State/local government			
	П	Church or church-controlled organization			Farmers' cooperative Federal government			
		Other nonprofit organization (specify)			REMIC Indian tribal governments/enterprises			
	_				Group Exemption Number (GEN) if any ▶			
9b		corporation, name the state or foreign country (if	ate		Foreign country			
		olicable) where incorporated						
10	Rea	ason for applying (check only one box)	Banki	ng pur	rrpose (specify purpose) ▶			
		Started new business (specify type) ▶ □	Chang	ged typ	/pe of organization (specify new type) ▶			
	going business							
		Hired employees (Check the box and see line 13.)	Create	ed a tr	rust (specify type)			
		Compliance with IRS withholding regulations	Create	ed a pe	pension plan (specify type) ►			
	✓	Other (specify) ► HHCSR using Fiscal Employer Agent						
11	Date	te business started or acquired (month, day, year). See instruc	ctions.		12 Closing month of accounting year December			
					14 If you expect your employment tax liability to be \$1,000 or			
13	High	hest number of employees expected in the next 12 months (enter	-0- if r	none).	less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here.			
	If no	o employees expected, skip line 14.			(Your employment tax liability generally will be \$1,000			
					or less if you expect to pay \$4,000 or less in total wages.)			
		Agricultural Household Othe	r		If you do not check this box, you must file Form 941 for			
		0 0 0			every quarter.			
15					icant is a withholding agent, enter date income will first be paid to			
		nresident alien (month, day, year)						
16		eck one box that best describes the principal activity of your bus		_	Health care & social assistance Wholesale-agent/broker			
	_	Construction	-		Accommodation & food service Wholesale-other Retail			
17		icate principal line of merchandise sold, specific construction			Other (specify) HHCSR using Fiscal Employer Agent			
17		CSR for domestic service - no filing requirement - Fiscal I						
18		s the applicant entity shown on line 1 ever applied for and rec						
		Yes," write previous EIN here ►	CIVCU (an En 1	V. 100 E.100			
			dividual	I to rece	ceive the entity's EIN and answer questions about the completion of this form.			
Thi	rd	Designee's name			Designee's telephone number (include area code)			
Par		Jean Gottwald, Fiscal Agent			(715) 661-9101			
	signe			Designee's fax number (include area co				
		673 4th Ave N, Park Falls, WI 54552	(715) 744-4999					
Unde	r penaltie	ies of perjury, I declare that I have examined this application, and to the best of my kr	nowledae	and beli	` '			
		title (type or print clearly) ► MEMBER NAME AND TITLE OR PO	_					
					Applicant's fax number (include area code)			
Sign	ature 🕨	•		[Date ▶			