

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

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

EIN

OMB No. 1545-0043

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

1 Legal name of entity (or individual) for whom the EIN is being requested
Jeeper's, Inc.

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)
P.O. Box 870

5a Street address (if different) (Do not enter a P.O. box.)
41-42 KONGEAS

4b City, state, and ZIP code
St. Thomas, VI 00804

5b City, state, and ZIP code
St. Thomas, VI 00802

6 County and state where principal business is located
St. Thomas, VI

7a Name of principal officer, general partner, grantor, owner, or trustor

7b SSN, TIN, or EIN

8a Type of entity (check only one box)

Sole proprietor (SSN) _____

Partnership

Corporation (enter form number to be filed) ▶ _____

Personal service corp.

Church or church-controlled organization

Other nonprofit organization (specify) ▶ _____

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Trust (SSN of grantor) _____

National Guard State/local government

Farmers' cooperative Federal government/military

REMIC Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

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

State U.S. Virgin Islands Foreign country _____

9 Reason for applying (check only one box)

Started new business (specify type) ▶ holding co.

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)
8/18/04 2004

11 Closing month of accounting year
12

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter data in name will first be paid to nonresident alien. (month, day, year) ▶ 12

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."

Aggricultural	Household	Other
<u>0</u>	<u>0</u>	<u>0</u>

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

Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker

Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale-other Retail

Other (specify) _____

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

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 (mo., day, year) _____ City and state where filed _____ Previous EIN _____

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.

Third Party Designee

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) ▶ Jeeper's, Inc. Secretary

Signature ▶ Barbara Mignon Weatherly Date ▶ 8/18/03