

File

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Max Hotel Services Corp.

2 Trade name of business (if different from name on line 1) _____

3 Executor, trustee, "care of" name
Darren K. Indyke, President

4a Mailing address (street address) (room, apt., or suite no.)
[Redacted]

5a Business address (if different from address on lines 4a and 4b)
[Redacted]

4b City, state, and ZIP code
New York, NY 10022

5b City, state, and ZIP code
[Redacted]

6 County and state where principal business is located
New York, New York

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶
Darren K. Indyke [Redacted]

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN) _____
- Partnership
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)
- Other (specify) ▶ _____
- Personal service corp.
- National Guard
- Farmers' cooperative
- Estate (SSN of decedent) _____
- Plan administrator (SSN) _____
- Other corporation (specify) ▶ Design and Decorating Svcs
- Trust
- Federal government/military

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

State	<u>New York</u>	Foreign country	
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9 Reason for applying (Check only one box.) (see instructions)

- Started new business (specify type) ▶ Design and Decorating Firm
- Banking purpose (specify purpose) ▶ _____
- Changed type of organization (specify new type) ▶ _____
- Purchased going business
- Created a trust (specify type) ▶ _____
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ▶ _____
- Other (specify) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions)
5-31-2002

11 Closing month of accounting year (see instructions)
December

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) ▶ N/A

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-. (see instructions) ▶

Nonagricultural	Agricultural	Household
<u>-0-</u>	<u>-0-</u>	<u>-0-</u>

14 Principal activity (see instructions) ▶ Design and Decorating

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

16 To whom are most of the products or services sold? Please check one box.

- Public (retail)
- Other (specify) ▶ _____
- Business (wholesale)
- N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ _____ Trade name ▶ _____

17c 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

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 (Please type or print clearly.) ▶ Darren K. Indyke, President

Business telephone number (include area code) [Redacted]

Fax telephone number (include area code) [Redacted]

Signature ▶ Darren K. Indyke Date ▶ June 17, 2002

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

5/8/00

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SS-4.1