

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

Date of this notice: 06-04-2004

Employer Identification Number:
20-1154881

Form: SS-4

Number of this notice: CP 575 F

For assistance you may call us at:
1-800-829-4933

✓ ISSA EDUCATION AND RESEARCH
% MARGARET ZIZIS
7044 S 13TH ST
OAK CREEK WI 53154

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

001042

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-1154881. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.



Internal Revenue Service

The
Digital
Daily

DEPARTMENT OF THE TREASURY

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-1154881

Today's Date is: May 24, 2004 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 20-1154881 OMB No. 1545-0003																						
1* Legal name of entity (or individual) for whom the EIN is being requested ISSA Education and Research Foundation Inc																										
2 Trade name of business (if different from name on line 1)			3* Executor, trustee, "care of" name Margaret Zizis Treasurer																							
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 7044 S 13th St			5a Street address (if different) (Do not enter a P.O. box)																							
4b* City, state, and ZIP code Oak Creek WI 53154			5b City, state, and ZIP code																							
6* County and state where principal business is located County Milwaukee State WI																										
7a Name of principal officer, general partner, grantor, owner, or trustor			7b SSN, ITIN, EIN																							
8a* Type of entity (check only one) <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Sole Proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ▶</td> <td><input type="checkbox"/> Trust (SSN of grantor)</td> <td><input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Personal Service</td> <td><input type="checkbox"/> National Guard</td> <td><input type="checkbox"/> Federal government/military</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative</td> <td><input type="checkbox"/> Indian tribal government/enterprises</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Foundation</td> <td><input type="checkbox"/> REMIC</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td>Group Exemption NO. (GEN) ▶</td> <td></td> </tr> </table>						<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)		<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)		<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> State/local government	<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Indian tribal government/enterprises	<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Foundation	<input type="checkbox"/> REMIC		<input type="checkbox"/> Other (specify) ▶	Group Exemption NO. (GEN) ▶	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State WI	Foreign country																							
9* Reason for applying (check only one) <table border="0" style="width:100%"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify type) ▶ corporation</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ▶</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ▶</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Created a trust (specify type) ▶</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶</td> </tr> </table>						<input checked="" type="checkbox"/> Started new business (specify type) ▶ corporation	<input type="checkbox"/> Banking purpose (specify purpose) ▶	<input type="checkbox"/> Hired employees (Check the box and see line 12)	<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) ▶											
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10* Date business started or acquired (month, day, year) AUG 27 2003			11 Closing month of accounting year																							
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note:if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶																										
13 Highest number of employees expected in the next twelve months <i>Note:if the applicant does not expect to have any employees during the period, enter "-0-"</i>				Agriculture	Household	Other																				
14* Check box that best describes the principal activity of your business <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Health care & social assistance</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> Other (specify) education</td> <td><input type="checkbox"/> Retail</td> <td></td> </tr> </table>						<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 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 checked="" type="checkbox"/> Other (specify) education			<input type="checkbox"/> Retail							
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15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. education foundationscholarships																										
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note If "Yes" please complete lines 16b and 16c</i>																										
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																										
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																										
Third Party Designee	Designee's name			Designee's telephone number (include area code)																						
	Address and ZIP code WI -			() - 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)																						