

# 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  
**880654865**

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

<b>1</b>	Legal name of entity (or individual) for whom the EIN is being requested <b>MY NEEDFUL THINGS</b>	
<b>2</b>	Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name
<b>4a</b>	Mailing address (room, apt., suite no. and street, or P.O. box) <b>227 Bachelor Rd.</b>	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)
<b>4b</b>	City, state, and ZIP code (if foreign, see instructions) <b>Richlands, North Carolina, 28430</b>	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)
<b>6</b>	County and state where principal business is located <b>Columbus County, North Carolina</b>	
<b>7a</b>	Name of responsible party <b>Beatrice Whitener</b>	<b>7b</b> SSN, ITIN, or EIN <b>242-70-1574</b>
<b>8a</b>	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>8b</b> If 8a is "Yes," enter the number of LLC members <b>1</b>
<b>8c</b>	If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9a</b>	Type of entity (check only one box). <b>Caution.</b> 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) ▶ <b>Disregarded entity</b>	Group Exemption Number (GEN) if any ▶ _____
<b>9b</b>	If a corporation, name the state or foreign country (if applicable) where incorporated	Foreign country
	State <b>North Carolina</b>	
<b>10</b>	Reason for applying (check only one box)	
	<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>ONLINE SALES NEW STORE</b>	<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) ▶ _____
<b>11</b>	Date business started or acquired (month, day, year). See instructions. <b>12/24/2021</b>	<b>12</b> Closing month of accounting year <b>December</b>
<b>13</b>	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	<b>14</b> 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 type="checkbox"/>
	Agricultural <b>0</b> Household <b>0</b> Other <b>0</b>	
<b>15</b>	First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ _____	
<b>16</b>	Check <b>one</b> 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 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 checked="" type="checkbox"/> Other (specify) <b>ONLINE SALES NEW STORE</b>	
<b>17</b>	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Home Decoration</b>	
<b>18</b>	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 ▶ _____	
<b>Third Party Designee</b>	Complete this section <b>only</b> 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 <b>Dante Luntao, GovSimplified LLC</b>	Designee's telephone number (include area code) ( <b>888</b> ) <b>629-9001</b>
	Address and ZIP code <b>2093 PHILADELPHIA PIKE NUM 3338 CLAYMONT, DE 19703</b>	Designee's fax number (include area code) ( <b>888</b> ) <b>346-8787</b>
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) ( <b>336</b> ) <b>430-5730</b>	
Name and title (type or print clearly) ▶ <b>Beatrice Whitener, Managing member/Owner</b>	Applicant's fax number (include area code) ( )	
Signature ▶ <i>Beatrice Whitener</i> <b>MANAGER</b>	Date ▶ <b>1-25-22</b>	

EIN:  
**880654865**