

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999

DATE OF THIS NOTICE: 09-13-94
NUMBER OF THIS NOTICE: CP 575 L
EMPLOYER IDENTIFICATION NUMBER: 31-1416107
FORM: SS-4 (TELE-TIN)
1716505451 0

ASSOCIATION OF POWELL PLACE HOME
% P RONALD SABATINO
6563 WORTHINGTON-GALENA RD
WORTHINGTON OH 43085

FOR ASSISTANCE CALL US AT:
621-6281 LOCAL CINCINNATI
1-800-829-1040 OTHER OH

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you employer identification number (EIN) 31-1416107. 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.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. Using any variation in your name or EIN may cause processing delays, incorrect information in your account, or erroneous assignment of more than one EIN.

Assigning an Employer Identification Number does not grant tax-exempt status to non-profit organizations. If your organization wants to establish its exemption and receive a ruling or determination letter recognizing its exempt status, file Form 1023/1024 (Application for Recognition of Exemption) with your IRS District Office. Publication 557 (Tax Exempt Status for Your Organization), available at most IRS offices, has details on how to apply.

Please use the label IRS provided when filing tax documents. If that is not possible, use your EIN and complete name and address as shown below to fully identify your account and avoid delays.

ASSOCIATION OF POWELL PLACE HOME
OWNERS
% P RONALD SABATINO
6563 WORTHINGTON-GALENA RD
WORTHINGTON OH 43085

If this information is incorrect, please correct it on page 2 of this notice. Return it to the address shown so we can correct your account.

If you have not already done so complete Form SS-4, Application for Employer Identification Number. You may get Form SS-4 at your local IRS office or by calling 1-800-TAX-FORM (1-800-829-3676). Write in your EIN, 31-1416107 in the upper right hand corner of the form. Be sure you sign and date the form properly. Return the form with page 2 of this notice within 15 days. An envelope is enclosed for your convenience. We need this information for a complete record of your account.

Thank you for your cooperation.

Keep this part for your records.

CP 575 L (Rev. 7-93)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 L

1716505451

YOUR TELEPHONE NUMBER BEST TIME TO CALL
() -

DATE OF THIS NOTICE: 09-13-94
EMPLOYER IDENTIFICATION NUMBER: 31-1416107
FORM: SS-4 (TELE-TIN)

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999

ASSOCIATION OF POWELL PLACE HOME
OWNERS
% P RONALD SABATINO
5563 WORTHINGTON-GALENA RD
WORTHINGTON OH 43085

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
Expires 12-31-96

1 Name of applicant (Legal name) (See instructions.)

ASSOCIATION OF POWELL PLACE HOME OWNERS

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

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

6563 WORTHINGTON-GALENA ROAD

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code

WORTHINGTON, OHIO 43085

5b City, state, and ZIP code

6 County and state where principal business is located

DELAWARE COUNTY, OHIO

7 Name of principal officer, general partner, grantor, owner, or trustor - SSN required (See instructions.)

287-50-1729

P. RONALD SABATINO

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

☐ Sole Proprietor (SSN)☐ REMIC☐ State/local government☐ Other nonprofit organization (specify)☒ Other (specify) ▶ HOMEOWNERS ASSOCIATION (SECTION 528)☐ Estate (SSN of decedent)☐ Plan administrator-SSN☐ Other corporation (specify)☐ Federal government/military☐ Trust☐ Partnership☐ Farmers' cooperative☐ Church or church controlled organization

(enter GEN if applicable)

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

State

OHIO

Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ▶☐ Hired employees☐ Created a pension plan (specify type) ▶☐ Banking purpose (specify) ▶☐ Changed type of organization (specify) ▶☐ Purchased going business☐ Created a trust (specify) ▶☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)

09/02/94

11 Enter closing month of accounting year. (See instructions.)

DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A

13 Enter 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."

Nonagricultural

Agricultural

Household

0

0

0

14 Principal activity (See instructions.) ▶ HOMEOWNERS ASSOCIATION

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 the appropriate box.

☐ Public (retail)☐ Other (specify) ▶☐ Business (wholesale)☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business?

☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶

Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

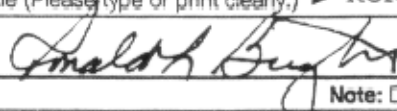
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number
(Include area code)

Name and title (Please type or print clearly.) ▶ RONALD L. BRIGHT, TREASURER

614-436-0000

Signature ▶



Date ▶

9-6-94

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

Please leave
blank ▶

Geo.

Ind.

Class

Size

Reason for applying