

FAX

TO:

Name: The IRS

Fax Number: (855) 641-6935

of Pages: **3**
(including cover sheet)

FROM:

Name: Tousif Akram

Fax Number: (907) 202-9247

Subject: EIN Number - Yogesh Trapasiya LLC

Message:

Application for Employer Identification Number

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

► Go to www.irs.gov/FormSS4 for instructions and the latest information.

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

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested YOGESH TRAPASIYA LLC								
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name						
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 30 N Gould St Ste R		5a Street address (if different) (Don't enter a P.O. box.)						
	4b City, state, and ZIP code (if foreign, see instructions) Sheridan, WY 82801		5b City, state, and ZIP code (if foreign, see instructions)						
	6 County and state where principal business is located Sheridan County, WY								
	7a Name of responsible party YOGESH TRAPASIYA		7b SSN, ITIN, or EIN Foreign						
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members 01							
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
9a Type of entity (check only one box). Caution: 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"/> Military/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 <input type="checkbox"/> Other nonprofit organization (specify) ► <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) ► Disregarded Entity Group Exemption Number (GEN) if any ►									
9b If a corporation, name the state or foreign country (if applicable) where incorporated WY		Foreign country							
10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ► <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) ►									
11 Date business started or acquired (month, day, year). See instructions. May 22 2024		12 Closing month of accounting year December							
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table>		Agricultural	Household	Other	0	0	0	14 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 \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
Agricultural	Household	Other							
0	0	0							
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ►									
16 Check one 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) ► E-Commerce									
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Selling General Products Online									
18 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 ►									
Third Party Designee	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.								
	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) ► YOGESH TRAPASIYA (Member)			Applicant's telephone number (include area code) +91 9316568007						
Signature ► <i>Yogesh Trapasiya</i> Date ► May 22 2023			Applicant's fax number (include area code) (907) 202 - 9247						



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

For Office Use Only
WY Secretary of State
FILED: May 22 2024 1:05AM
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Limited Liability Company Articles of Organization

- I. The name of the limited liability company is:**
Yogesh Trapasiya LLC
- II. The name and physical address of the registered agent of the limited liability company is:**
Registered Agents Inc
30 N Gould St Ste R
Sheridan, WY 82801
- III. The mailing address of the limited liability company is:**
30 N Gould St, Ste R
Sheridan, WY 82801
- IV. The principal office address of the limited liability company is:**
30 N Gould St, Ste R
Sheridan, WY 82801
- V. The organizer of the limited liability company is:**
Yogesh Trapasiya
30 N Gould St Ste R Sheridan, WY 82801

Signature: *Yogesh Trapasiya*

Date: 05/22/2024

Print Name: Yogesh Trapasiya

Title: Founder

Email: formilcus@gmail.com

Daytime Phone #: (307) 395-6191