

Form SS-4 (Rev. December 2023) 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. Go to www.irs.gov/FormSS4 for instructions and the latest information.	OMB No. 1545-0003 EIN					
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Sylow Corp.						
	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) 2626 Tunnel Blvd Apt 503	5a Street address (if different) (Don't enter a P.O. box.)					
	4b City, state, and ZIP code (if foreign, see instructions) Pittsburgh, Pennsylvania 15203	5b City, state, and ZIP code (if foreign, see instructions)					
	6 County and state where principal business is located Allegheny, Pennsylvania						
	7a Name of responsible party Ethan Henley	7b SSN, ITIN, or EIN 151-11-4207					
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	8b If 8a is "Yes," enter the number of LLC members						
	8c If 8a is "Yes," was the LLC organized in the United States? <input 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"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) <u>1120</u> <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any _____						
9b If a corporation, name the state or foreign country (if applicable) where incorporated Delaware	State Delaware	Foreign country					
10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) <u>Tech business</u> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Purchased going business <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. 05/20/2025							
12 Closing month of accounting year <u>December</u>							
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td>0</td><td>0</td><td>4</td></tr></table>		Agricultural	Household	Other	0	0	4
Agricultural	Household	Other					
0	0	4					
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 will generally be \$1,000 or less if you expect to pay \$5,000 or less, \$6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>							
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) <u>07/01/2025</u>							
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"/> Accommodation & food service <input type="checkbox"/> Wholesale—agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <u>Tech business</u> <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale—other <input type="checkbox"/> Retail							
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <u>Tech business</u>							
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 Erik Treutlein	Designee's telephone number (include area code) (800) 773-0888					
	Address and ZIP code 11501 Domain Dr, Ste 200, Austin, TX 78758	Designee's fax number (include area code) (323) 446-7492					
	Applicant's telephone number (include area code) (732) 904-9957						
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 fax number (include area code)					
Name and title (type or print clearly) <u>Ethan Henley, President</u>							
Signature _____		Date _____					
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2023)							