

SS-4

Form SS-4
(Rev. December 2019)
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.)

► 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

38-4267316

1 Legal name of entity (or individual) for whom the EIN is being requested Automatique, Inc.		3 Executor, administrator, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Don't enter a P.O. box.)	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 682 Mountain View Street		5b City, state, and ZIP code (if foreign, see instructions) Fillmore, CA, 93015 United States	
4b City, state, and ZIP code (if foreign, see instructions) Fillmore, CA, 93015 United States		6 County and state where principal business is located New Castle, Delaware	
7a Name of responsible party Kurt Braget		7b EIN, ITIN, or SSN 571699615	
8a Is this application for a limited liability company (LLC)? (or a foreign equivalent)?		8b If 8a is "Yes," enter the number of LLC members ► Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8c If 8a is "Yes," was the LLC organized in the United States? ► Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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 checked="" 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"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> Other nonprofit organization (specify) ► _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Other (specify) ► _____ <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		State Delaware	Foreign country
10 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ► Corporation <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"/> 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"/> Created a pension plan (specify type) ► _____			
11 Date business started or acquired (month, day, year). See instructions. 5/7/2023		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.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 941 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	
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"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ► Technology			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Software / e-commerce / Internet business			
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 ►			
19 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.		20 Designee's telephone number (include area code) (844) 388-0178	
Third Party Designee		21 Designee's fax number (include area code) (469) 294-4510	
22 Address and ZIP code 10601 Clearance Drive, Suite 250, Frisco, TX, 75033		23 Applicant's telephone 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.		24 Applicant's fax number (include area code) (469) 317-3436	
Name and title (type or print clearly) ► Kurt Braget, Founder		25 Signature ► <i>Kurt Braget</i> Date ► 5/7/2023 Ref. No. 16288N	
26 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.			

MAY 11 2023