

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 Camp Branch Acres Subdivision Property Owner's																	
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) 125 W. Big Lake Big Rd		5a Street address (if different) (Don't enter a P.O. box.)															
4b City, state, and ZIP code (if foreign, see instructions) Trinity, Texas 75862		5b City, state, and ZIP code (if foreign, see instructions)															
6 County and state where principal business is located Trinity																	
7a Name of responsible party Camp Branch Acres Board of Directors		7b SSN, ITIN, or EIN															
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. <table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (TIN)</td></tr><tr><td><input type="checkbox"/> Corporation (enter form number to be filed)</td><td><input type="checkbox"/> Trust (TIN of grantor)</td></tr><tr><td><input type="checkbox"/> Personal service corporation</td><td><input type="checkbox"/> Military/National Guard</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Farmers' cooperative</td></tr><tr><td><input checked="" type="checkbox"/> Other nonprofit organization (specify) <u>Property Owner's Assoc</u></td><td><input type="checkbox"/> REMIC</td></tr><tr><td><input type="checkbox"/> Other (specify)</td><td></td></tr></table>			<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"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative	<input checked="" type="checkbox"/> Other nonprofit organization (specify) <u>Property Owner's Assoc</u>	<input type="checkbox"/> REMIC	<input type="checkbox"/> Other (specify)		
<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"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative																
<input checked="" type="checkbox"/> Other nonprofit organization (specify) <u>Property Owner's Assoc</u>	<input type="checkbox"/> REMIC																
<input type="checkbox"/> Other (specify)																	
9b If a corporation, name the state or foreign country (if applicable) where incorporated		Group Exemption Number (GEN) if any															
State		Foreign country															
Reason for applying (check only one box) <table border="0"><tr><td><input type="checkbox"/> Started new business (specify type)</td><td><input type="checkbox"/> Banking purpose (specify purpose)</td></tr><tr><td><input type="checkbox"/> Hired employees (Check the box and see line 13.)</td><td><input type="checkbox"/> Changed type of organization (specify new type)</td></tr><tr><td><input type="checkbox"/> Compliance with IRS withholding regulations</td><td><input type="checkbox"/> Purchased going business</td></tr><tr><td><input checked="" type="checkbox"/> Other (specify) <u>New tax id for Property Owner's Association advised by IRS previous tax we had is not valid old #74-1915951</u></td><td><input type="checkbox"/> Created a trust (specify type)</td></tr><tr><td></td><td><input type="checkbox"/> Created a pension plan (specify type)</td></tr></table>			<input 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 checked="" type="checkbox"/> Other (specify) <u>New tax id for Property Owner's Association advised by IRS previous tax we had is not valid old #74-1915951</u>	<input type="checkbox"/> Created a trust (specify type)		<input type="checkbox"/> Created a pension plan (specify type)					
<input 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 checked="" type="checkbox"/> Other (specify) <u>New tax id for Property Owner's Association advised by IRS previous tax we had is not valid old #74-1915951</u>	<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. Created by Developer on 4/10/1967		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 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 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 checked="" 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) <u>Property Owners maintenance fees are due Jan</u>																	
16 Check one box that best describes the principal activity of your business. <table border="0"><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Rental & leasing</td><td><input type="checkbox"/> Transportation & warehousing</td><td><input checked="" type="checkbox"/> Health care & social assistance</td><td><input type="checkbox"/> Wholesale—agent/broker</td></tr><tr><td><input type="checkbox"/> Real estate</td><td><input type="checkbox"/> Manufacturing</td><td><input type="checkbox"/> Finance & insurance</td><td><input type="checkbox"/> Accommodation & food service</td><td><input type="checkbox"/> Wholesale—other</td></tr><tr><td colspan="3"></td><td><input type="checkbox"/> Other (specify)</td><td><input type="checkbox"/> Retail</td></tr></table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input checked="" 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"/> Other (specify)	<input type="checkbox"/> Retail
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input checked="" 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"/> Other (specify)	<input type="checkbox"/> Retail													
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Governs community, collects assessments, repairs and maintains common areas to include roads																	
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here <u>74-1915951</u>																	

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)
Applicant's telephone number (include area code) 832 226 6573	
Applicant'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) Kelly Harrell

Signature

Date