

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 <div>HCSR</div>																	
	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) 7227 LEE DEFOREST DR.		5a Street address (if different) (Don't enter a P.O. box.)															
	4b City, state, and ZIP code (if foreign, see instructions) COLUMBIA, MD 21046		5b City, state, and ZIP code (if foreign, see instructions)															
	6 County and state where principal business is located																	
	7a Name of responsible party		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 <div>0</div>															
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 <input type="checkbox"/> State/local government</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization _____</td><td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) _____</td><td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td></tr><tr><td><input checked="" type="checkbox"/> Other (specify) <div>HCSR</div></td><td>Group Exemption Number (GEN) if any _____</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"/> 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) <div>HCSR</div>	Group Exemption Number (GEN) if any _____	
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9b	If a corporation, name the state or foreign country (if applicable) where incorporated	State _____	Foreign country _____															
10	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) <div>HCSR</div></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) <div>HCSR</div>	<input type="checkbox"/> Created a trust (specify type) _____		<input type="checkbox"/> Created a pension plan (specify type) _____					
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11	Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year <div>DECEMBER</div>															
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 <div>0</div></td><td>Household <div>0</div></td><td>Other <div>0</div></td></tr></table>		Agricultural <div>0</div>	Household <div>0</div>	Other <div>0</div>	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"/>												
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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) <div>N/A</div>																	
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 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></td><td></td><td></td><td><input checked="" type="checkbox"/> Other (specify) <div>HCSR</div></td><td><input type="checkbox"/> Retail</td></tr></table>			<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 checked="" type="checkbox"/> Other (specify) <div>HCSR</div>	<input type="checkbox"/> Retail
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17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <div>HCSR</div>																	
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input 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 <div>HARVEY BAILEY</div>		Designee's telephone number (include area code) <div>410-910-1500</div>															
	Address and ZIP code <div>7227 LEE DEFOREST DR. COLUMBIA, MD 21046</div>		Designee's fax number (include area code) <div>410-872-4993</div>															
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 telephone number (include area code)															
Name and title (type or print clearly)			Applicant's fax number (include area code)															
Signature _____			Date _____															