

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

EIN _____
OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) The Vance Assoc Association	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name Joseph Batters
	4a Mailing address (street address) (room, apt., or suite no.) PO Box 218	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code West Harwich MA 02671	5b City, state, and ZIP code
	6 County and state where principal business is located Barnstable MA	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► JOE HIMEBAUGH 298 40 3095	

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp. _____
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► Educator's Assn (enter GEN if applicable) _____	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other (specify) ► _____	

8b If a corporation, name the state or foreign country (if applicable) where incorporated
State: **(applying) MA** Foreign country: _____

9 Reason for applying (Check only one box.) (see instructions)

<input type="checkbox"/> Started new business (specify type) ► _____	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ► Checking Account for Assoc.
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ► _____
	<input type="checkbox"/> Other (specify) ► _____

10 Date business started or acquired (month, day, year) (see instructions)
September 20, 2002

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural	Agricultural	Household
0		

14 Principal activity (see instructions) ► **Education**

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ► _____

16 To whom are most of the products or services sold? Please check one box. Business (wholesale) N/A
 Public (retail) Other (specify) ► _____

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

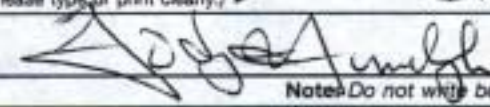
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► _____ Trade name ► _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

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 (Please type or print clearly.) ► **Joe + Jody Himebaugh, Disburser**

Business telephone number (include area code) **802-457-8107**
Fax telephone number (include area code) **802-457-8107**

Signature ►  Date ► **9-25-02**

Please leave blank ►

Geo.	Ind.	Class	Size	Reason for applying