

Application for Employer Identification Number

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

EIN 39-1956956

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
AMERICAN CIVIL WAR SHOOTING ASSOCIATION, INC.

2 Trade name of business (if different from name on line 1)
ACWSA

3 Executor, trustee, "care of" name
JAN HICKS

4a Mailing address (street address) (room, apt., or suite no.)
8481 STATE HWY 173

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
TOMAH WI 54060-8556

5b City, state, and ZIP code

6 County and state where principal business is located
JEFFERSON WI

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
LESTER KNUITSEN

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"/> Plan administrator (SSN) _____
<input type="checkbox"/> State/local government	<input type="checkbox"/> National Guard
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Other corporation (specify) ▶ _____
<input type="checkbox"/> Other nonprofit organization (specify) ▶ HISTORICAL PRESERVATION	<input type="checkbox"/> Trust
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

_____ | **WISCONSIN** | _____

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

<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 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 checked="" type="checkbox"/> Other (specify) ▶ CLUB INCORPORATING

10 Date business started or acquired (month, day, year) (see instructions)
FEBRUARY 7, 1999

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)** ▶ **NONE**

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	0	0

14 Principal activity (see instructions) ▶ **NON PROFIT EDUCATIONAL (HISTORY)**

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.

Business telephone number (include area code)
414-392-8909

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **LES KNUITSEN, PRESIDENT**

Signature ▶ _____ Date ▶ _____

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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