Form **SS-4**
(Rev. December 2001)
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.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 30-0703957

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
SAXIS ISLAND MUSEUM

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

3 Executor, trustee, "care of" name
Hannah T. Gleason

4a Mailing address (room, apt., suite no. and street, or P.O. box)
P.O. Box 21 20101 Saxis Rd

5a Street address (if different) (Do not enter a P.O. box.)
P.O. Box 12 20037 Saxis Rd.

4b City, state, and ZIP code
Saxis, VA 23427

5b City, state, and ZIP code
Saxis, VA 23427

6 County and state where principal business is located
Accomack County, VA

7a Name of principal officer, general partner, grantor, owner, or trustor
Fitzhugh L. Godwin, Jr.

7b SSN, ITIN, or EIN
XXX-XX-7994 Incorporator

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ ID: 0743419-4
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☐ Other (specify) ▶

DCN: 11-10-31-6066

- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

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

9 Reason for applying (check only one box)

- ☒ Banking purpose (specify purpose) ▶ open checking acct
- ☐ Started new business (specify type) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a trust (specify type) ▶ _____
- ☐ Compliance with IRS withholding regulations
- ☐ Created a pension plan (specify type) ▶ _____
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year)
Nov 1, 2011

11 Closing month of accounting year
Dec 31, 2011

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) ▶

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-."* ▶ Agricultural: _____ Household: _____ Other: _____

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale–agent/broker ☐ Wholesale–other ☐ Retail
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☒ Other (specify) museum

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
none

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☐ No
Note: *If "Yes," please complete lines 16b and 16c.* no

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ _____ Trade name ▶ _____

16c 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 _____

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) ( )

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) (703) 528-9800

Name and title (type or print clearly) ▶ Fitzhugh Lee Godwin, Jr.

Applicant's fax number (include area code) (703) 528-8713

Signature ▶ _____ Date ▶ 11/3/11

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)