

EIN\_OBTAINED

572411077

Form <b>SS-4</b> (Rev. December 2019) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to <a href="http://www.irs.gov/FormSS4">www.irs.gov/FormSS4</a> for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003 <b>EIN</b> 99-1829410					
<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested SLR TRANS LLC									
<b>2</b> Trade name of business (if different from name on line 1)		<b>3</b> Executor, administrator, trustee, "care of" name							
<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) 5807 Meadows Dr, Apt G		<b>5a</b> Street address (if different) (Don't enter a P.O. box.)							
<b>4b</b> City, state, and ZIP code (if foreign, see instructions) Fort Wayne, Indiana 46804		<b>5b</b> City, state, and ZIP code (if foreign, see instructions)							
<b>6</b> County and state where principal business is located Allen, Indiana									
<b>7a</b> Name of responsible party Gurwinder Singh		<b>7b</b> SSN, ITIN, or EIN 055-95-8730							
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>8b</b> If 8a is "Yes," enter the number of LLC members <input type="text" value="1"/>							
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check. <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) ▶ Disregarded Entity - Single Member LLC Group Exemption Number (GEN) if any ▶									
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated		<b>State</b>	<b>Foreign country</b>						
<b>10</b> <b>Reason for applying</b> (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Trucking company <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶									
<b>11</b> Date business started or acquired (month, day, year). See instructions. 03/08/2024		<b>12</b> Closing month of accounting year <b>December</b>							
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><thead><tr><th>Agricultural</th><th>Household</th><th>Other</th></tr></thead><tbody><tr><td>0</td><td>0</td><td>1</td></tr></tbody></table>		Agricultural	Household	Other	0	0	1	<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
Agricultural	Household	Other							
0	0	1							
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) <input type="text" value="03/08/2024"/>									
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business. <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 checked="" type="checkbox"/> Other (specify) ▶ Trucking company <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail									
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Trucking company									
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶									
<b>Third Party Designee</b>	Complete this section <b>only</b> 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)						
Name and title (type or print clearly) ▶ Gurwinder Singh, Member			(929) 525-8197						
Signature ▶			Applicant's fax number (include area code)						
Date ▶									

