## 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.)

EIN				
	омв	No.	1545-0003	

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

	1		Legal name of entity (or individual) for whom the EIN is being requested  TalkOrigins Foundation, Inc.							
early.	2	Trade	Trade name of business (if different from name on line 1) 3 Executor,			rustee, "care of" name				
print clearly	4a	_	address (room, apt., suite no. an Hummingbird	d street, or P.O. box)			nter a P.O. box.)			
ď	4b		ate, and ZIP code		5b City, state, and ZIP code					
ō			ton, TX 77096		<u> </u>					
Type	6	Harri	ounty and state where principal business is located  Harris County, Texas							
	7a		of principal officer, general partner, g eth Fair	grantor, owner, or trust	or 7b SSN, ITIN, or EIN	457-8	5-0816			
8a	Type of entity (check only one box)   Estate (SSN of decedent)									
		Sole proprietor (SSN)								
		Partner	•		Trust (SSN of g	*******				
			ation (enter form number to be filed)	<b>&gt;</b>	National Guard		tate/local governm			
		_	al service corp.		Farmers' cooper		ederal government/n	-		
	닐	Church	or church-controlled organization	TV nannvafit navn	REMIC		idian tribal governme	•		
		Other r	nonprofit organization (specify)	1X nonprofit corp	Group Exemption 1	Number (GE	N) ►	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			specify) >	novimber Ctoto		Eoroign o	ountry			
8b			ration, name the state or foreign of ole) where incorporated	country State Texas		Foreign co	ountry			
9			r applying (check only one box)		anking purpose (specify purpo	ose) 🕨				
	1	Started	new business (specify type) ► E	ducation C	hanged type of organization (:	specify new	type) >			
	of	f gener	al public regarding evolution							
		Hired e	mployees (Check the box and see	-						
			ance with IRS withholding regulati	ions 🔲 C	reated a pension plan (specify	type) 🟲 🗀				
			specify) ►							
10			ness started or acquired (month, d	lay, year)	11 Closing n		ounting year			
		pril 26,			Decemb					
12	fir	st be pa	First date wages or annuities were paid or will be 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)							
							ral Household			
13	ex	epect to	imber of employees expected in the have any employees during the pe	he next 12 months. <b>N</b> eriod, enter "-0" .	ote: If the applicant does not	Agricultu -0-	-0-	Other -0-		
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