

# 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 \_\_\_\_\_  
 OMB No. 1545-0003

Type or print clearly.	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested <b>TalkOrigins Foundation, Inc.</b>	
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, trustee, "care of" name
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) <b>5914 Hummingbird</b>	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)
	<b>4b</b> City, state, and ZIP code <b>Houston, TX 77096</b>	<b>5b</b> City, state, and ZIP code
	<b>6</b> County and state where principal business is located <b>Harris County, Texas</b>	
	<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustor <b>Kenneth Fair</b>	<b>7b</b> SSN, ITIN, or EIN <b>457-85-0816</b>

**8a Type of entity** (check only one box)

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (SSN of grantor) _____
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> 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/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <b>TX nonprofit corporation</b>	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) ▶ _____

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

State <b>Texas</b>	Foreign country
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**9 Reason for applying** (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Education of general public regarding evolution</b>	<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"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

<b>10</b> Date business started or acquired (month, day, year) <b>April 26, 2004</b>	<b>11</b> Closing month of accounting year <b>December</b>
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**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 <b>-0-</b>	Household <b>-0-</b>	Other <b>-0-</b>
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**14** Check **one** 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"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input checked="" type="checkbox"/> Other (specify) <b>Educational, scientific, and charitable</b>			

**15** Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**Operation of the Talk.Origins Archive web site at <http://www.talkorigins.org>**

**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.*

**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
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Third Party Designee	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 <b>Kenneth J. Fair</b>	Designee's telephone number (include area code) <b>( 713 ) 283-7134</b>
	Address and ZIP code <b>5914 Hummingbird, Houston, TX 77096</b>	Designee's fax number (include area code) <b>( 713 ) 223-9393</b>

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 (type or print clearly) ▶ <b>Kenneth J. Fair, Director, TalkOrigins Foundation, Inc.</b>	Applicant's telephone number (include area code) <b>( 713 ) 283-7134</b>
Signature ▶ _____	Applicant's fax number (include area code) <b>( 713 ) 223-9393</b>