

## EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

**Congratulations! The EIN has been successfully assigned.**

EIN Assigned: 83-3660810

Legal Name: AVIAGLOBAL GROUP LLC

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

**We strongly recommend you print this page for your records.**

Click "Continue" to get additional information about using the new EIN.

[Continue >>](#)

### Help Topics

[? Can the EIN be used before the confirmation letter is received?](#)



**Application for Employer Identification Number**  
 (For use by employers, corporations, partnerships, trusts, estates, churches,  
 government agencies, Indian tribal entities, certain individuals, and others.)  
 ▶ Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

**1** Legal name of entity (or individual) for whom the EIN is being requested  
**AviaGlobal Group, LLC**

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

**3** Executor, administrator, trustee, "care of" name

**4a** Mailing address (room, apt., suite no. and street, or P.O. box)  
**33210 North 12th Street**

**5a** Street address (if different) (Do not enter a P.O. box.)

**4b** City, state, and ZIP code (if foreign, see instructions)  
**Phoenix, AZ 85085**

**5b** City, state, and ZIP code (if foreign, see instructions)

**6** County and state where principal business is located  
**MARICOPA, ARIZONA**

**7a** Name of responsible party  
**Hal Adams**

**7b** SSN, ITIN, or EIN  
**341-38-3800**

**8a** Is this application for a limited liability company (LLC) (or a foreign equivalent)?  Yes  No

**8b** If 8a is "Yes," enter the number of LLC members **3**

**8c** If 8a is "Yes," was the LLC organized in the United States?  Yes  No

**9a** Type of entity (check only one box). Caution. 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 checked="" 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"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> State/local government
	<input type="checkbox"/> Federal government
	<input type="checkbox"/> Indian tribal governments/enterprises

**9b** If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country

**10** Reason for applying (check only one box)

Started new business (specify type) ▶

Banking purpose (specify purpose) ▶

Changed type of organization (specify new type) ▶

Purchased going business

Created a trust (specify type) ▶

Created a pension plan (specify type) ▶

Hired employees (Check the box and see line 13.)

Compliance with IRS withholding regulations

Other (specify) ▶

**11** Date business started or acquired (month, day, year). See instructions.  
**2-20-19**

**12** Closing month of accounting year **DECEMBER**

**13** Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural	Household	Other
0	0	0

**14** If you expect your employment tax liability to be \$1,000 or less in a full calendar year and 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 \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter.

**15** First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). **n/a**

**16** 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"/> 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) ▶ <b>Professional, Scientific &amp; Technical</b>	<input type="checkbox"/> Wholesale-other
				<input type="checkbox"/> Retail

**17** Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  
**Aviation**

**18** Has the applicant entity shown on line 1 ever applied for and received an EIN?  Yes  No  
 If "Yes," write previous EIN here ▶

**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  
**MICHAEL L STUCK CPA**

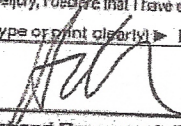
Designee's telephone number (include area code)  
**480-607-1084**

Address and ZIP code  
**14300 N NORTHSIGHT BLVD STE 209 SCOTTSDALE, AZ 85260**

Designee's fax number (include area code)  
**480-607-1089**

Name and title (type or print clearly) ▶ **Hal Adams**

Applicant's telephone number (include area code)  
**623-434-1750**

Signature ▶ 

Date ▶ **20 Feb 2019**

Applicant's fax number (include area code)



## Application for Employer Identification Number

I authorize Michael L. Stuck, CPA to apply for and receive the EIN on my behalf, according to the process below:

1. The taxpayer must sign a completed Form SS-4 (Application for Employer Identification Number), including the third party designee section, prior to the third party making the online application. A copy of the signed Form SS-4 must be retained in the third party's files.
2. The taxpayer must read and sign the statement that he/she understands that he/she is authorizing the third party to apply for and receive the EIN on his or her behalf, and to answer the questions about the completion of the form. A copy of the signed statement must be retained in the third party's files.
3. The assigned EIN will be disclosed to the third party upon successful completion of the online application.
4. The taxpayer will receive a computer-generated notice from the IRS stating that the EIN was assigned.

Name: HAL ADAMS

Signature: 

Date: 20 FEB 17