

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.

OMB No. 1545-0003

EIN

84-3708081

1 Legal name of entity (or individual) for whom the EIN is being requested
Iglesia Pentecostal Cristo Misionera

2 Trade name of business (if different from name on line 1)
1930 Broadway Ave.

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

4a Mailing address (room, apt., suite no. and street, or P.O. box)
1930 Broadway Ave.

4b City, state, and ZIP code (if foreign, see instructions)
Lorain Ohio 44052

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

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

6 County and state where principal business is located
Lorain Ohio

7a Name of responsible party
Ruben Rodriguez

7b SSN, ITIN, or EIN
088-42-7057

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 ☐ Yes ☐ No

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 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"/> National Guard <input type="checkbox"/> State/local government
<input checked="" type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) if any ▶

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

State	Foreign country
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10 Reason for applying (check only one box)

<input type="checkbox"/> Started new business (specify type) ▶	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ Banking
<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<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) ▶

11 Date business started or acquired (month, day, year). See instructions.
January 1, 1976

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
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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) ▶

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 type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input checked="" type="checkbox"/> Other (specify) ▶ Church	<input type="checkbox"/> Retail

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

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☒ Yes ☐ No
If "Yes," write previous EIN here ▶ **34-1468193**

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
Claudio Leite, e-Forms Tax Services

Designee's telephone number (include area code)

800-828-0878

Address and ZIP code
3015 N Ocean Blvd., C112 . Fort Lauderdale, FL 33308

Designee's tax number (include area code)

855-285-6625

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) ▶ **Ruben Rodriguez - Pastor**

Applicant's telephone number (include area code)

(440) 752-5410

Applicant's fax number (include area code)

Signature ▶

Ruben Rodriguez

Date ▶ **11/16/2019**

IGLESIA PENTECOSTAL CRISTO MISIONERA

THIS IS THE LIST OF THE PERSONS FOR THE DIRECTIVE OF THE LOW POWER STATION.

1- PASTOR; RUBEN RODRIGUE { PRESIDENT }
1709 FAIRWAY DRIVE
LORAIN, OHIO 44053

2- ANIBAL BURGOS { VICE PRESIDENT }
2782 PARK DRIVE
LORAIN OHIO 44052

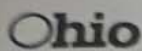
3- PASTORA: MERCEDEZ DE RODRIGUEZ
1709 FAIRWAY DRIVE
LORAIN, OHIO 44053

4- ABEL ROBLES { ELDER }
315 EAST 22ND STREET
LORAIN, OHIO 44052

5- MIGUEL NIVIES
3019 CAROLINE AVE.
LORAIN, OHIO 4455

PRIMARY CONTACT;

ANIBAL BURGOS
TEL# 1-440-258-6369
EMIAL; andysonic5015@gmail.com



Department of
Taxation
tax.ohio.gov

Reset Form

STEC B
Rev. 3/15

Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

NON PROFIT ORGANIZATION

Purchaser must state a valid reason for claiming exception or exemption.

IGLESIA PENTECOSTAL CRISTO MISIONERA

Purchaser's name

CHURCH

Purchaser's type of business

1930 BROADWAY

Street address

LORAIN, OHIO 44055

City, state, ZIP code

Signature

Title

Date signed

84-3708081

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.