INTERNAL REVENUE SERVICE   IRS

FAX TRANSMISSION
Cover Sheet

Date: __July 30, 2021_____

To: Diana _____

Address/Organization: _____

Fax Number: __(512) 857-0422_____ Office Number: _____

From: __EIN OPERATIONS_____

Address/Organization: _____

Fax Number: _____ Office Number: _800-829-4933_____

Number of pages: | 2 | *Including cover page*

Subject:

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Detached Article IX
7/23/21
0235944 68

Form SS-4
(Rev. December 2019)
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.)
▶ Go to *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 **32- 066 1161**

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

D7 CONSTRUCTION SERVICES 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)	**5a** Street address (if different) (Don't enter a P.O. box.)	
1516 Grapevine Ridge	**1516 Grapevine Ridge**	
4b City, state, and ZIP code (if foreign, see instructions)	**5b** City, state, and ZIP code (if foreign, see instructions)	
Prosper, TX 75078	**Prosper, TX 75078**	

6 County and state where principal business is located

Denton County, TX

7a Name of responsible party	**7b** SSN, ITIN, or EIN
Naga Gayathri Kotha	**974-90-0482**

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 . . . . . . ▶   **1**

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.

☐ Sole proprietor (SSN) _____
☐ Partnership
☐ Corporation (enter form number to be filed) ▶ _____
☐ Personal service corporation
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) ▶ _____
☑ Other (specify) ▶ **Disregarded**

☐ Estate (SSN of decedent)
☐ Plan administrator (TIN)
☐ Trust (TIN of grantor)
☐ Military/National Guard   ☐ State/local government
☐ Farmers' cooperative   ☐ Federal government
☐ REMIC   ☐ Indian tribal governments/enterprises
Group Exemption Number (GEN) if any ▶

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) ▶ **LLC**
☐ Hired employees (Check the box and see line 13.)
☐ Compliance with IRS withholding regulations
☐ Other (specify) ▶

☐ 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) ▶

11 Date business started or acquired (month, day, year). See instructions.   **07-09-2021**

12 Closing month of accounting year   **12/31**

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 $5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. ☐

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

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.
☑ Construction   ☐ Rental & leasing   ☐ Transportation & warehousing   ☐ Health care & social assistance   ☐ Wholesale-agent/broker
☐ Real estate   ☐ Manufacturing   ☐ Finance & insurance   ☐ Accommodation & food service   ☐ Wholesale-other   ☐ Retail
   ☐ Other (specify) ▶

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
ESTIMATING METAL PANELS FACADES STOREFRONTS

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 **Diana c/o ZenBusiness PBC**	Designee's telephone number (include area code) **512-237-7349**
	Address and ZIP code **5511 Parkcrest Dr., STE 207, Austin, Texas 78731**	Designee's fax number (include area code) **512-857-0422**

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) **817-876-2971**

Name and title (type or print clearly) ▶ **Naga Gayathri Kotha , Member**

Signature ▶ *(signature)*   Date ▶ **07 / 16 / 2021**

Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.   Cat. No. 16055N   Form **SS-4** (Rev. 12-2019)