

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.

EIN

Type or print clearly.

1	Legal name of entity (or individual) for whom the EIN is being requested McSEN Technologies Inc.				
2	Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name Eswari Adari			
4a	Mailing address (room, apt., suite no. and street, or P.O. box) 1311 Scottish Lane	5a Street address (if different) (Don't enter a P.O. box.)			
4b	City, state, and ZIP code (if foreign, see instructions) Union, KY 41091	5b City, state, and ZIP code (if foreign, see instructions)			
6	County and state where principal business is located Boone KY				
7a	Name of responsible party Eswari Adari	7b SSN, ITIN, or EIN XXX-XX-XXXX			
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶			
8c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" 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"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government _____ <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 KY	Foreign country			
10	Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ Other _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <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. July 2021	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. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Agricultural 0</td> <td style="width:33%; text-align:center;">Household 0</td> <td style="width:33%; text-align:center;">Other 2</td> </tr> </table>	Agricultural 0	Household 0	Other 2	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. <input checked="" type="checkbox"/>
Agricultural 0	Household 0	Other 2			
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) ▶ July 2021				
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) ▶ _____ <input type="checkbox"/> Accommodation & food service <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. : Technology, Payment Collection, Real Estate, Training				
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (TotalLegal.com)	Designee's telephone number (include area code) 866 815-6840
	Address and ZIP code 12835 NE Bel-Red Rd, Suite 130, Bellevue, WA 98005	Designee's fax number (include area code) 800 260-7563
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) 732 314-8064
Name and title (type or print clearly) ▶ Eswari Adari		Applicant's fax number (include area code)
Signature ▶	Date ▶ 07/15/2021	