

SS-4

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

Form (Rev. December 2017)
Department of the Treasury
Internal Revenue Service

EIN
32-0609350

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

2 Trade name of business (if different from name on line 1)
3 Executor, administrator, trustee, "care of" name
SUGUNA KAKARA

4a Mailing address (room, apt., suite no. and street, or P.O. box)
1812 SW NOTTINGHAM AVE

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

4b City, state, and ZIP code (if foreign, see instructions)
BENTONVILLE, ARKANSAS 72713

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

6 County and state where principal business is located
BENTON, ARKANSAS

7a Name of responsible party
SUGUNA KAKARA

7b SSN, ITIN, or EIN
953-97-9215

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) Estate (SSN of decedent)

Partnership Plan administrator (TIN)

Corporation (enter form number to be filed) Trust (TIN of grantor)

Personal service corporation Military/National Guard State/local government

Church or church-controlled organization Farmers' cooperative Federal government

Other nonprofit organization (specify) REMIC Indian tribal governments/enterprise

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 _____

10 Reason for applying (check only one box)

Banking purpose (specify purpose) **TO PAY VENDORS FOR PURCHASES**

Started new business (specify type)

Changed type of organization (specify new type)

Purchased going business

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

Created a trust (specify type)

Compliance with IRS withholding regulations

Created a pension plan (specify type)

Other (specify)

11 Date business started or acquired (month, day, year). See instructions.
OCT 01, 2019

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
		3

14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 941 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). **DEC 01 2019**

16 Check one box that best describes the principal activity of your business.

Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-agent/broker Wholesale-other Retail

Real estate Manufacturing Finance & insurance Other (specify)

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
INDIAN GROCERIES, INDIAN VEGETABLES AND INDIAN TAKE OUT FOOD

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 _____ Designee's telephone number (include area code) _____

Address and ZIP code _____ Designee's fax number (include area code) _____

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) **SUGUNA KAKARA** Applicant's telephone number (include area code) **8184369083**

Signature *Suguna Kakara* Date **SEP 04 2019** Applicant's tax number (include area code) **4794391888**

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