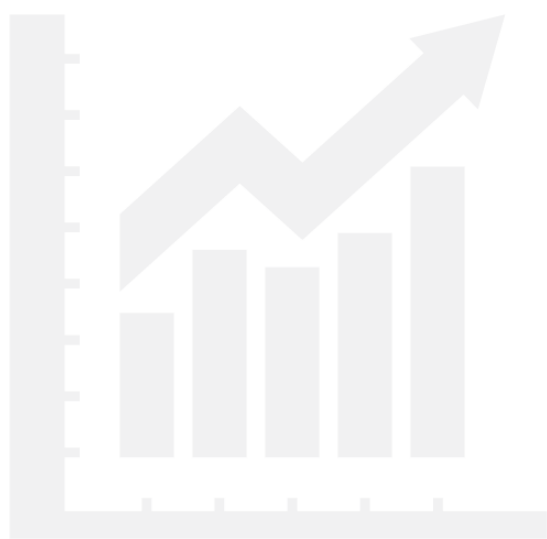


EIN / Tax ID Number



A nine-digit number that is assigned by the IRS and used to identify taxpayers in a business entity.



INTERNAL REVENUE SERVICE



FAX TRANSMISSION
Cover Sheet

Date: September 29, 2022

To: _____

Address/Organization: _____

Fax Number: (877) 919-2613 Office Number: _____

From: Reedy Yvonne S

Address/Organization: _____

Fax Number: _____ Office Number: _____

Number of pages: *Including cover page*

Subject:

This communication is intended for the sole use of the individual to whom it is addressed and may contain confidential information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited by the provisions of the Internal Revenue code. If you have received this communication in error, please contact the sender immediately by telephone. Thank you.

9/8/2022 3:56 CDT

Articles Detached

4/11/2022

0244604566

Form **SS-4** Application for Employer Identification Number
 (Rev. December 2017)
 Department of the Treasury Internal Revenue Service

OMB No. 1545-0003
 EIN **30-1324522**

Go to www.irs.gov/FormSS4 for instructions and the latest information.
 See separate instructions for each line. Keep a copy for your records.

1 Legal name of entity (or individual) for whom the EIN is being requested
KNOWAC IT 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)
10008 DRYDEN LN

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

4b City, state, and ZIP code (if foreign, see instructions)
PLANO, TEXAS 75025

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

6 County and state where principal business is located
HARRIS, TEXAS

7a Name of responsible party
JAMEEL MOHAMMED

7b SSN, ITIN, or EIN
FOREIGN

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/enterprises
 Other (specify) **DISREGARDED ENTITY** Group Exemption Number (GEN) if any

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

10 Reason for applying (check only one box)

Started new business (specify type) **LLC**

Banking purpose (specify purpose)
 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.
08-26-2022

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

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.

Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker
 Accommodation & food service Wholesale-other Retail
 Real estate Manufacturing Finance & insurance Other (specify) **PROVIDE TECHNOLOGY AND CONSULTING SERVICES TO OTHER BUSINESS ENTITIES.**

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
PROVIDE TECHNOLOGY AND CONSULTING SERVICES TO OTHER BUSINESS ENTITIES.

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No

If "Yes," write previous EIN here

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.

Third Party Designee

Designee's name
INCFILE.COM LLC- NICHOLAS SIHA

Designee's telephone number (include area code)
888-462-3453

Address and ZIP code
17350 STATE HWY 249 #220, HOUSTON, TX 77064

Designee's fax number (include area code)
877-919-2613

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) **JAMEEL MOHAMMED - MEMBER**

Applicant's telephone number (include area code)
903-423-7194

Signature **[Signature]** Date **09/08/2022**

Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 15055N Form SS-4 (Rev. 12-2017)

RECEIVED BY IRS-EEFAX 09/08/2022 2:10PM (GMT-05:00)

SFP 09 2022 EIN