

Department of the Treasury
Internal Revenue Service

ATLANTA, GA 31101

In reply refer to: 07463395
JAN. 30, 1984 LTR 147C N
62-0523360

00435

ST JOSEPH CHURCH & SCHOOL
1225 GALLATIN RD S
MADISON, TN 37115

Employer Identification Number: 62-0523360

Dear Sirs:

We received your application for an employer identification number, but our records indicate you have already been assigned the number shown above.

We hope this information will help you. If you have any questions, you may write to us at the address on this letter or call the Internal Revenue Service number listed in the telephone directory for your area. If you write, please attach this letter to help us identify your file.

Thank you for your cooperation.

Sincerely yours,



Chief, Taxpayer Assistance Section

Enclosures:

For clear copy on both parts, please type or print with ball point pen and press firmly

Form **SS-4**
(Rev. 9-82)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers and others as explained in the instructions.
Please read the instructions before completing this form.)
For Paperwork Reduction Act Notice, see page 2.

OMB No. 1545-0003 Expires 9-30-85

62-0523360

1 Name (True name and not trade name. If partnership, see page 4.) <u>St. Joseph Church and School</u>		2 Social security no., if sole proprietor	3 Ending month of accounting year
4 Trade name, if any, of business (if different from item 1) <u>St. Joseph School</u>		5 General partner's name, if partnership; principal officer's name, if corporation; or grantor's name, if trust	
6 Address of principal place of business (Number and street) <u>1225 Gallatin Road, South</u>		7 Mailing address, if different	
8 City, State, and ZIP code <u>Madison, Tennessee 37115</u>		9 County of principal business location <u>Davidson</u>	
10 Type of organization <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Nonprofit organization <input type="checkbox"/> Corporation		11 Date you acquired or started this business (Mo., day, year)	
12 Reason for applying <input type="checkbox"/> Started new business <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify)		13 First date you paid or will pay wages for this business (Mo., day, year)	
14 Nature of principal business activity (See instructions on page 4.) <u>Education</u>		15 Do you operate more than one place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16 Peak number of employees expected in next 12 months (If none, enter "0") <input type="checkbox"/>	<input type="checkbox"/> Nonagricultural	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Household
18 To whom do you sell most of your products or services? <input type="checkbox"/> Business establishments (wholesale) <input type="checkbox"/> General public (retail) <input type="checkbox"/> Other (specify) <u>SS-01 BY 01 NOV 4861</u>			
19 Have you ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter name and trade name. Also enter approx. date, city, and State where you applied and previous number if known. <u>IRS-VTSC 62-0523360</u>			
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.			
Signature and Title <u>Sister Albertine Perry</u>		Date <u>Dec 29, 1983</u>	
Please leave blank <input type="checkbox"/>	Geo.	Ind.	Class
Size	Telephone number (include area code) <u>615-865-1491</u>		Reas. for appl.
			Part I