



# Internal Revenue Service

The Digital Daily

DEPARTMENT OF THE TREASURY

| Form SS-4 |

## Federal Tax ID / E

**ERROR:** Your application for an Employer Identification Number could not be processed. The fields shown in red require correction. Fields indicated by an asterisk(\*) are required.

- 3 Name field Positions 2-33 shall be alpha letters, numeric digits, hyphen (-), ampersand (&), or space.
- 7a Name... is prohibited when "8a Other nonprofit organization (specify)" is selected.
- 7b SSN, ITIN, EIN is prohibited when "8a Other nonprofit organization (specify)" is selected.
- 11 Closing Accounting Month is prohibited when "8a Other nonprofit organization (specify)" is selected.

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records.		<b>EIN</b>  OMB No. 1545-0003		
1* Legal name of entity (or individual) for whom the EIN is being requested Robert & Christine Steinmann Family Foundation						
2 Trade name of business (if different from name on line 1)			3* Executor, trustee, "care of" name Attn Charles S Lineback Attorney			
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 11427 Reed Hartman Highway			5a Street address (if different) (Do not enter a P.O. box)			
4b* City, state, and ZIP code Cincinnati OH 45241			5b City, state, and ZIP code			
6* County and state where principal business is located County Hamilton State OH						
7a Name of principal officer, general partner, grantor, owner, or trustor Robert P Steinmann			7b SSN, ITIN, EIN 273242917			
8a* Type of entity (check only one)						
<input type="checkbox"/> Sole Proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)				
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (SSN)				
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) Form 990		<input type="checkbox"/> Trust (SSN of grantor)				
<input type="checkbox"/> Personal Service		<input type="checkbox"/> National Guard		<input checked="" type="checkbox"/> State/local government		
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative		<input checked="" type="checkbox"/> Federal government/military		
<input type="checkbox"/> Other nonprofit organization (specify)		<input checked="" type="checkbox"/> REMIC		<input checked="" type="checkbox"/> Indian tribal government/enterprises		
<input type="checkbox"/> Other (specify)		Group Exemption NO. (GEN)				
8b If a corporation, name the state or foreign country (if applicable) where incorporated			State PA	Foreign country		
9* Reason for applying (check only one)						
<input checked="" type="checkbox"/> Started new business (specify type) Non Profit Corporati		<input type="checkbox"/> Banking purpose (specify purpose)				
<input type="checkbox"/> Hired employees (Check the box and see line 12)		<input type="checkbox"/> Changed type of organization (specify new type)				
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business				
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Created a trust (specify type)				
		<input type="checkbox"/> Created a pension plan (specify type)				
10* Date business started or acquired (month, day, year) AUG 21 2003			11 Closing month of accounting year DEC			
12 First date wages or annuities were paid or will be paid (month, day, year) Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)						
13 Highest number of employees expected in the next twelve months Note: if the applicant does not expect to have any employees during the period, enter "0"			Agriculture 0	Household 0	Other 0	
14* Check box that best describes the principal activity of your business						
			<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale agent/broker		

- Construction
- Real estate
- Other (specify) Non Profit corporation
- Rental & leasing
- Manufacturing
- Transportation & warehousing
- Finance & insurance
- Accommodation & food service
- Retail
- Wholesale-other

15\* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
None

16a\* Has the applicant ever applied for an employer identification number for this or any other business? .....  Yes  No  
Note If "Yes" please complete lines 16b and 16c

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
Legal name ▶ \_\_\_\_\_  
Trade name ▶ \_\_\_\_\_

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (month, day, year)      City and state where filed      Previous EIN

Complete 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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Designee's name <u>Charles S Lineback</u></td> <td style="width: 20%; padding: 5px;">Designee's telephone number (include area code)</td> </tr> <tr> <td style="padding: 5px;">Address and ZIP code <u>11427 Reed Hartman Hwy Cincinnati OH 45241</u></td> <td style="padding: 5px;">( 513 ) 489 - 1040</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Designee's fax number (include area code)</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">( 513 ) 618 - 6548</td> </tr> </table>	Designee's name <u>Charles S Lineback</u>	Designee's telephone number (include area code)	Address and ZIP code <u>11427 Reed Hartman Hwy Cincinnati OH 45241</u>	( 513 ) 489 - 1040		Designee's fax number (include area code)		( 513 ) 618 - 6548
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	Designee's fax number (include area code)								
	( 513 ) 618 - 6548								

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) ▶ \_\_\_\_\_  
Signature ▶ Not Required      Date ▶ August 21, 2003 GMT

Applicant's telephone number (include area code)  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
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. 12-2001)

