

Form **SS-4**  
(Rev. December 2019)

**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](http://www.irs.gov/FormSS4) for instructions and the latest information.

OMB No. 1545-0003

EIN  
**35-2191591**

Department of the Treasury  
Internal Revenue Service

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  
**K&K STUDIO, LLC.**

2 Trade name of business (if different from name on line 1)  
**CALIPSO ROSA PIMENTEL GARCIA**

3 Executor, administrator, trustee, "care of" name  
**CALIPSO ROSA PIMENTEL GARCIA**

4a Mailing address (room, apt., suite no. and street, or P.O. box)  
**203 ENOCH AVE**

4b City, state, and ZIP code (if foreign, see instructions)  
**MEMPHIS, TN 38103**

5a Street address (if different) (Don't enter a P.O. box.)

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

6 County and state where principal business is located  
**LEE COUNTY, MISSISSIPPI**

7a Name of responsible party  
**CALIPSO ROSA PIMENTEL GARCIA**

7b SSN, ITIN, or EIN  
**935-71-4494**

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)
- Partnership
- Corporation (enter form number to be filed) **Form-2553**
- Personal service corporation
- Church or church-controlled organization
- Other nonprofit organization (specify)
- Other (specify)
- Estate (SSN of decedent)
- Plan administrator (TIN)
- Trust (TIN of grantor)
- Military/National Guard
- Farmers' cooperative
- REMIC
- State/local government
- Federal government
- Indian tribal governments/enterprises

Group Exemption Number (GEN) if any

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

10 Reason for applying (check only one box)

- Started new business (specify type) **GRAPHIC DESING SERVICES**
- 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.  
**07/10/2020**

12 Closing month of accounting year

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 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.

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.

- Accommodation
- Dental & medical
- Transportation & warehousing
- Accommodation & food service
- Wholesale-agent/broker
- Wholesale-other
- Retail
- Real estate
- Manufacturing
- Finance & insurance
- Other (specify) **GRAPHIC DESING SERVICES**

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  
**GRAPHIC DESING SERVICES**

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

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  
**CALIPSO ROSA PIMENTEL GARCIA (OWNER)**

Designee's telephone number (include area code)  
**(662) 372-3297**

Address and ZIP code

Applicant's telephone number (include area code)  
**(662) 550-5045**

Applicant's tax number (include area code)

Signature **[Signature]** Date **7-12-2020**

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08/27/2020

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