



Department of the Treasury  
Internal Revenue Service  
OGDEN, UT 84201

Date of this notice: MAY 18, 1992  
Taxpayer Identifying Number 83-6006620  
Form: 2363 Tax Period:



MATHEMATICAL ASSOCIATION OF AMERICA  
INC-ROCKY MOUNTAIN SECTION  
MATH DEPT FT LEWIS COLLEGE  
DURANGO CO 81301

*correct*

For assistance you may call us at:

825-7041 LOCAL DENVER  
1-800-829-1040 OTHER CO

Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

EIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:

84-1194855

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS WHICH SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR COOPERATION

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Keep this part for your records

Overlay 5 Form 8489 (Rev. 8-91)

Return this portion to us with your inquiry or with your check if you have a balance due.

Your telephone number  
( ) -

Best time to call

836006620 NO 00 0000



INTERNAL REVENUE SERVICE  
OGDEN, UT 84201

MATHEMATICAL ASSOCIATION OF AMERICA  
INC-ROCKY MOUNTAIN SECTION  
MATH DEPT FT LEWIS COLLEGE  
DURANGO CO 81301

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN UT 84201

DATE OF THIS NOTICE: 04-07-92  
NUMBER OF THIS NOTICE: CP 575 E  
EMPLOYER IDENTIFICATION NUMBER: 84-1194855  
FORM: SS-4 TAX PERIOD: N/A  
2916704398 0

FOR ASSISTANCE PLEASE  
WRITE TO US AT:

INTERNAL REVENUE SERVICE  
OGDEN UT 84201

BE SURE TO ATTACH THE  
BOTTOM PART OF NOTICE

OR YOU MAY CALL US AT:

825-7041 LOCAL DENVER  
1-800-829-1040 OTHER CO

ROCKY MOUNTAIN SECTION OF THE  
MATHEMATICAL ASSOC OF AMERICA  
MATH DEPT FT LEWIS COLLEGE  
DURANGO CO 81301

*Woods*  
*number*  
*see previous page*

### NOTICE OF NEW EMPLOYER IDENTIFICATION NUMBER ASSIGNED

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). The number assigned to you is shown above. It will be used to identify your business account, tax returns and documents, even if you don't have employees.

1. Keep a copy of the number in your permanent records.
2. Use your name and the number exactly as shown above on all Federal tax forms.
3. Use the number on all tax payments and tax-related correspondence or documents.

Using a variation of your name or number may result in delays or errors in posting payments to your account. It also could result in the assignment of more than one Employer Identification Number.

We have established the filing requirements and tax period shown above for your account based upon the information provided. If you need help to determine your required tax year, get publication 538, Accounting Periods and Methods, which is available at most IRS offices.

Assigning an Employer Identification Number does not grant tax-exempt status to nonprofit organizations. Any organization, other than a private foundation, having annual gross receipts normally of \$5,000 or less is exempt by statute if it meets Internal Revenue Code requirements. Such organizations are not required to file Form 1023, Application for Recognition of Exemption, or Form 990, Return of Organization Exempt from Income Tax.

However, if your organization wants to establish its exemption and receive a ruling or determination letter recognizing its exempt status, file Form 1023 with the Key District Director. For details on how to apply for the exemption, see Publication 557, Tax-Exempt Status for Your Organization.

Thank you for your cooperation.

copy of form sent 3/21/92

Form **SS-4**  
(Rev. April 1991)  
Department of the Treasury  
Internal Revenue Service

### Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN  
OMB No. 1545-0003  
Expires 4-30-94

Please type or print clearly.	1 Name of applicant (True legal name) (See instructions.) <u>Rocky Mountain Section of the Mathematical Association of America</u>	
	2 Trade name of business, if different from name in line 1 <u>N/A</u>	3 Executor, trustee, "care of" name <u>N/A</u>
	4a Mailing address (street address) (room, apt., or suite no.) <u>Math. Dept. Ft Lewis College</u>	5a Address of business (See instructions.) <u>N/A</u>
	4b City, state, and ZIP code <u>Durango Colo 81301</u>	5b City, state, and ZIP code <u>N/A</u>
	6 County and state where principal business is located <u>La Plata County, Colorado</u>	
	7 Name of principal officer, grantor, or general partner (See instructions.) ▶ <u>WILLIAM C RAMALEY</u>	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN _____	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN _____	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify) _____
<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input checked="" type="checkbox"/> Other nonprofit organization (specify) <u>educational</u>	If nonprofit organization enter GEN (if applicable) <u>2236</u>	
<input type="checkbox"/> Other (specify) ▶ _____		

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country N/A State N/A

9 Reason for applying (Check only one box.)

<input type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify) ▶ _____
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Created a trust (specify) ▶ _____
<input checked="" type="checkbox"/> Banking purpose (specify) ▶ <u>checking and/or savings accounts</u>	<input type="checkbox"/> Other (specify) ▶ _____

10 Date business started or acquired (Mo., day, year) (See instructions.) 11 Enter closing month of accounting year. (See instructions.)  
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
<u>0</u>	<u>0</u>	<u>0</u>

14 Principal activity (See instructions.) ▶ Educational organization--advancement of the study

15 Is the principal business activity manufacturing? . . . . . of mathematics .  Yes  No  
If "Yes," principal product and raw material used ▶ \_\_\_\_\_

16 To whom are most of the products or services sold? Please check the appropriate box.  Business (wholesale)  N/A  
 Public (retail)  Other (specify) ▶ \_\_\_\_\_

17a Has the applicant ever applied for an identification number for this or any other business? . . . . .  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ N/A Trade name ▶ \_\_\_\_\_

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
<u>N/A</u>	<u>N/A</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.

Name and title (Please type or print clearly.) ▶ William C. Ramaley Telephone number (include area code) (303) 247-7268

Signature ▶ William C. Ramaley Date ▶ 3/21/92

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying