

**Fax Transmission
Cover Sheet**

Date: 12/27/2011

To: CANTON YOUTH LACROSSE CLUB INC
Address: % SCOTT CONNOLLY
9 WAMPATUCK DR
CANTON MA 02021

Fax Number: 401-276-6512

Office Phone:

From: Mr. Gilbert - Customer Service Representative
Address:

Mail Stop:

Fax Number: 859-669-3158

Office Phone: 800-649-0115

Number of pages: *Including cover sheet*

Remarks:

Visit the IRS homepage at www.irs.gov to obtain current information about the IRS and its service.

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Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0231974280
Dec 27, 2011 LTR 147C
61-1669684

CANTON YOUTH LACROSSE CLUB INC
% SCOTT CONNOLLY
9 WAMPATUCK DR
CANTON MA 02021

Taxpayer Identification Number: 61-1669684

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of December 27th, 2011.

Your Employer Identification Number (EIN) is 61-1669684. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Mr. Gilbert
1001808898
Customer Service Representative

Application for Employer Identification Number
 (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.

OMB No. 1545-0003

EIN
61-1669684

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Canton Youth Lacrosse Club, Inc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name Scott Connolly
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 9 Wampatuck Drive	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) Canton, MA 02021	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located Norfolk County, Massachusetts	
	7a Name of responsible party Scott Connolly - President	7b SSN, ITIN, or EIN 015-60-6536
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members ▶
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ 501(c)(3) <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> 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 Massachusetts	Foreign country
10 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ non-profit corporation <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions. December 23 2011	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.	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. <input type="checkbox"/>	
Agricultural -0-	Household -0-	Other -0-
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) ▶ N/A		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) non-profit corporation		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. fostering healthy competition and development of competitive spirit in boys and girls of Canton, MA through the sport of youth lacrosse		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Donna M. Pheland, Senior Paralegal, c/o Edwards Wildman Palmer LLP	Designee's telephone number (include area code) (401) 276.6449
	Address and ZIP code 2800 Financial Plaza, Providence, RI 02903	Designee's fax number (include area code) (401) 276.6512
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.		Applicant's telephone number (include area code) (461) 523-2260
Name and title (type or print clearly) ▶ Scott Connolly - President		Applicant's fax number (include area code) ()
Signature ▶ 		Date ▶ 12/22/11