☆ U.S. GOVERNMENT PRINTING OFFICE

FOR CLEAR COPY ON ALL PARTS TYPEWRITE OR PRINT WITH BALL POINT PEN—PRESS FIRMLY
(See Instructions on Reverse)

FORM SS-4 (3-69)
**PART 1** U.S. TREASURY DEPARTMENT—INTERNAL REVENUE SERVICE
**APPLICATION FOR EMPLOYER IDENTIFICATION NUMBER**

1. NAME (*TRUE name as distinguished from TRADE name*)
Drs. H.P. Garcia, C.P.Garcia, and X.P. Garcia

2. TRADE NAME, IF ANY (*Enter name under which business is operated if different from item 1*)
Citizens Coordinating Committee for Voluntary Student Transfers

3. ADDRESS OF PRINCIPAL PLACE OF BUSINESS (*No. and Street, City, State, Zip Code*)
1315 Bright St., Corpus Christi, Texas 78405

4. COUNTY OF BUSINESS LOCATION
Nueces

5. ORGANIZATION Check Type
☐ Individual ☐ Partnership ☐ Corporation ☐ Other (specify, estate, trust, etc.)
☐ Governmental (See Instr. 5) ☒ Nonprofit Organization (See Instr. 5)

6. Ending Month of Accounting year
November

7. REASON FOR APPLYING (*If "other" specify such as "Corporate structure change," "Acquired by gift or trust," etc.*)
☒ Started new business ☐ Purchased going business ☐ Other

8. Date you acquired or started business (*Mo., day, year*)
12/12/73

9. First date you paid or will pay wages (*Mo., day, year*)
12/17/73

10. NATURE OF BUSINESS (*See Instructions*)
Educational - Student Advisor

11. NUMBER OF EMPLOYEES → IF "NONE" ENTER "0"
Non-agricultural: 1
Agricultural:

12. If nature of business is MANUFACTURING, list in order of their importance the principal products manufactured and the estimated percentage of the total value of all products which each represents
A % B % C %

13. Do you operate more than one place of business? ☐ Yes ☐ No
*If "Yes," attach a list showing for each separate establishment: a. Name and address; b. Nature of business; c. Number of employees*

14. To whom do you sell most of your products or services?
☐ Business establishments ☐ General public ☐ Other (*Specify*)

PLEASE LEAVE BLANK: R | DO | TA | FR | FRC

PLEASE LEAVE BLANK: Geo. | Ind. | Class | Size | Reas. for Appl. | Bus. Br. Date

FORM SS-4 (3-69)
**PART 2** **DO NOT DETACH ANY PART OF THIS FORM. SEND ALL COPIES TO INTERNAL REVENUE SERVICE**

PLEASE LEAVE BLANK

NAME AND COMPLETE ADDRESS

1. NAME (*TRUE name as distinguished from TRADE name*)
Drs. H.P. Garcia, C.P. Garcia, and X.P. Garcia

2. TRADE NAME, IF ANY (*Enter name under which business is operated if different from item 1*)
Citizens Coordinating Committee for Voluntary Student Transfers

3. ADDRESS OF PRINCIPAL PLACE OF BUSINESS (*No. and Street*)
1315 Bright Street

(*City, State, Zip Code*)
Corpus Christi, Texas 78405

4. COUNTY OF BUSINESS LOCATION
Nueces

5. ORGANIZATION Check Type
☐ Individual ☐ Partnership ☐ Corporation ☐ Other (specify, estate, trust, etc.)
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9. First date you paid or will pay wages (*Mo., day, year*)
12/17/73

10. NATURE OF BUSINESS (*See Instructions*)
Educational - Student Advisor

11. NUMBER OF EMPLOYEES → IF "NONE" ENTER "0"
Non-agricultural: 1
Agricultural:

12. Have you ever applied for an identification number for this or any other business? ☐ No ☐ Yes
*If "Yes," enter name and trade name (if any). Also enter the approximate date, city, and state where you filed last applied and previous number if known.*

DATE: 12-18-73
SIGNATURE: [signature]
TITLE: Director