


# 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.  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested <b>HYG Real Estate, LP</b>	
2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>84 NE Loop 410, Suite 252</b>	5a Street address (if different) (Don't enter a P.O. box.)
4b City, state, and ZIP code (if foreign, see instructions) <b>San Antonio, Texas 78216</b>	5b City, state, and ZIP code (if foreign, see instructions)
6 County and state where principal business is located <b>Bexar County, Texas</b>	
7a Name of responsible party <b>Carlos Eduardo Garza Herrera</b>	7b SSN, ITIN, or EIN <b>N/A-Foreign</b>
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 <b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check.	
<input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" 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 type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <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"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <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 Foreign country
10 <b>Reason for applying</b> (check only one box)	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <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) ▶ _____	
<b>Real estate investments</b> <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) ▶ _____	
11 Date business started or acquired (month, day, year). See instructions. <b>10/27/2021</b>	12 Closing month of accounting year <b>December</b>
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	
Agricultural 0	Household 0
Other 5	
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 \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
15 First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶ <b>2/1/2022</b>	
16 Check <b>one</b> 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 checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Purchase, sale and lease of real estate</b>	
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 <b>only</b> 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 <b>Lynda Camacho</b>
	Designee's telephone number (include area code) <b>915-546-8311</b>
Third Party Designee	Address and ZIP code <b>201 E. Main, Suite 1100, El Paso, Texas 79901</b>
	Designee's fax number (include area code) <b>915-546-8333</b>
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) ▶ <b>Carlos Eduardo Garza Herrera, Manager</b>	Applicant's telephone number (include area code) <b>210-966-2025</b>
Signature ▶ 	Applicant's fax number (include area code) <b>None</b>
Date ▶ <b>12/21/2021</b>	