



Voided Check
Copy of Drivers License

email to:
applications@impactpays.net

Managing Partner Name: Tricia Wright
Date Submitted: 9-18-20

Merchant Application Submission Form

Merchant (Business) DBA Name: Rossville Nutrition House
Business Legal Name: ''
Contact Name: Dana Jayner Contact Phone Number:
Physical Address: 470 Main St City, State, Zip: Rossville TN 38066
Phone Number: 901 286 4433 Fax Number:
Email Address: RossvilleNutrition@gmail.com Website:
Billing Address: same City:
State: Zip:

Business Type

Corporation - circle one: Private or Public Business Start Date: 6-25-20
 LLC - circle one: C corp S corp P partner D disregarded entity
 Sole Prop Other:
 Partnership Federal Tax ID# attached Refund Policy? Yes or No
Types of Goods Sold: Nutritional Beverages

Ownership Information (Must be 51% or more)

Officer/Owners Name: Dana Jayner Title: owner Social Security: 412413444
Home Address: 277 Nonconah City, State, Zip Code: Byhalia MS 38611
Drivers License#: 066268438 Expiration Date: 2-27-28 State: Tn
DOB: 4-02-70 Home Phone Number: 901 268 0042
% of Business Owned: 100 % Length of Ownership:

Banking Information

Bank Reference (a copy of a voided check or a DDA verification letter from the bank is required)
Name of Bank: Bank of Fayette Cnty
ABA Routing #
Account #

| Estimated Sales Volume | | Terminal Questions | |
|-------------------------------------------------|------------------------------|---------------------------------|---------------------------------------------------------------|
| Estimated Annual Sales (All sales) | \$ | Batch Out Time: | <u>6 pm</u> |
| Estimated Visa/MC/Discover Sales | \$ | Communication Method: | <input checked="" type="checkbox"/> IP-Internet or Dial-phone |
| Estimated Monthly Visa/MC/Discover/ AMEX Sales | \$ | Do you dial 9 for outside line? | <input type="checkbox"/> Yes - <input type="checkbox"/> No |
| Average Ticket | \$ <u>10</u> | Terminal Type: | <u>Simple</u> <input checked="" type="checkbox"/> |
| High Ticket | \$ <u>500</u> | Pin Pad Type: | |
| First two sections must equal 100% respectively | | | |
| Card Swiped: <u>99</u> | % Card Keyed In: <u>1</u> | % = | <u>100%</u> |
| Card Present: <u>99</u> | % Card Not Present: <u>1</u> | % = | <u>100%</u> |
| MOTO: % | Internet: % | | |

Notes: Bank of Fc

Reprogram Terminal: Yes - No
Equipment Purchase: Yes - No
Equipment Rental Program: Yes - No
PIN Debit Pin Pad: Yes - No
POS Software Integration: Yes - No
Software Name & Version:
Next Day Funding: Yes - No
Tip Edit: Yes - No

Date of this notice: 05-06-2020

Employer Identification Number:
85-0943524

Form: SS-4

Number of this notice: CP 575 A

ROSSVILLE NUTRITION HOUSE
DANA JOYNER MBR
277 NONCONNAH DR
BYHALIA, MS 38611

For assistance you may call us at
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned 85-0943524. This EIN will identify you, your business accounts, tax returns, and payments, even if you have no employees. Please keep this notice in your permanent files.

When filing tax documents, payments, and related correspondence, it is very important you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or require you to be assigned more than one EIN. If the information is not correct as shown, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

| | |
|-----------|------------|
| Form 940 | 01/31/2021 |
| Form 1065 | 03/15/2021 |
| Form 944 | 01/31/2021 |

If you have questions about the form(s) or the due date(s) shown, you can call 1-800-829-4933 or write to us at the address shown at the top of this notice. For help in determining your annual accounting period (tax year), see Publication 532, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, but is based on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). In certain cases, tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, to elect to be treated as a corporation.

Rossville Nutrition House, LLC
470 Main St.
Rossville, TN 38066


1064
87-433/843

DATE

PAY TO THE
ORDER OF

\$

DOLLARS

 Security feature
included.
Details on back.

Bank
The

FOR

⑆084304337⑆

10183647⑆

1064

MP

DRIVER LICENSE



Tennessee
VOLUNTEER STATE
USA
TN

NOT FOR FEDERAL IDENTIFICATION

DL NO. **066268438** DOB **04/02/1970**

EXP **02/27/2028** ISS **02/27/2020**

CLASS **D** END **NONE**

REST **NONE**

SEX **F** HGT **5'-00"** EYES **BLU**

DD **9912002271606970**



JOYNER
DANA CLEMENTS
4530 PICKENS STORE RD