WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
PHONE: 608-266-2776 FAX: 608-264-6884
EMAIL: dorbusinesstax@revenue.wi.gov WEBSITE: www.revenue.wi.gov

Letter ID: L0648019488

MANUEL CORTEZ
2522 MCKENNA BLVD
MADISON WI 53711-3918

State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-0002256951-03
Expiration Date: January 31, 2015
Legal/Real Name: MANUEL CORTEZ

Signature _____

Wisconsin Business Tax Registration Certificate

Expiration date: January 31, 2015

Legal/real name: MANUEL CORTEZ

- This certificate confirms that you are registered with the Wisconsin Department of Revenue and authorized to engage in business activities for the tax types shown below.
- You may not transfer this certificate to any other individual or business.
- If your business is not operated from a fixed location, you must bring the wallet copy to all events.

Tax Type	Account Type	Number
Sales & Use Tax	Seller's Permit	456-0002256951-03

36086111

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8903
MADISON, WI 53708-8903

Contact Information:

2135 Rimrock Road PO Box 8946
Madison, WI 53708-8946
ph: 608-266-2776 fax: 608-264-6884
email: dorbusinesstax@revenue.wi.gov
website: revenue.wi.gov

Notice of Refund - Sales & Use Tax

Notice information

Notice date	November 27, 2012
Tax account number	456-0002256951-03
Tax period end date	October 31, 2012
Letter ID	L0411262496

TIENDA LOS GEMELOS
MANUEL CORTEZ
6713 ODANA RD
MADISON WI 53719-1052

Refund summary

Refund amount	$2,330.91
Refund interest	$4.02
Total	$2,334.93

Refund date	November 27, 2012
Check number	R5263054
Voucher number	33127

- Detach this stub before cashing check -

TYPEA1 AFP BR6701 06.01.2012

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

Date of this notice: 05-13-2005

Employer Identification Number:
65-1249872 Entity?

Form: SS-4

Number of this notice: CP 575 E

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

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

008264.177712.0033.001 1 MB 0.309 702

MANUEL CORTEZ
TIENDA LOS GEMELOS
6713 O DANA RD NO 9
MADISON WI 53719

08264

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 65-1249872. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records.
* Use this EIN and your name exactly as they appear above on all your federal tax forms.
* Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Public Health

License, Permit or Registration

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Wisconsin statutes and is hereby authorized to engage in the activity as indicated below.

ACTIVITY	EXPIRATION DATE	ID #
Food Manager	18-Jun-2017	DROS-8ZGPB8

LICENSEE NAME AND MAILING ADDRESS

NOT TRANSFERABLE

MANUEL CORTEZ
6713 ODANA RD #8
MADISON WI 53719

F-47452 (Rev. 04/09)