

OGDEN UT 84201-0038

In reply refer to: 0458162590
May 30, 2018 LTR 147C 0
81-2035379 000000 00
00008013
BODC: SB

WPOHS A MEDICAL CORPORATION
WORKPARTNERS OHS
% GENE MA
3142 VISTA WAY SUITE 401
OCEANSIDE CA 92056-3619



055475

Employer identification number: 81-2035379

Dear Taxpayer:

We received your request of May 18, 2018, asking us to verify your employer identification number and name.

This Corporation established this Employer Identification Number (EIN) on March 31, 2016. You are an S Corporation with an Effective Date of June 1, 2016. You are a Calendar Year filer.

Your filing requirements are; Form(s): 1120S U.S. Income Tax Return for an S Corporation & 940 Employer's Annual Federal Unemployment (FUTA) Tax Return & 941 Employer's Quarterly Federal Tax Return.

Each type of business (for example, sole proprietor, partnership, corporation, estate, or trust) must have its own employer identification number (EIN).

We can't reproduce the CP 575/576, Employer Identification Number (EIN) Assignment. However, this letter will serve as proof of EIN assignment verification.

Your employer identification number (EIN) is 81-2035379. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

This letter confirms that your employer identification number (EIN) and your name on our records match the name and EIN listed above. Return a copy of this letter to the payer who requested verification of your EIN.

Your name control is WPOH. Keep this letter in your permanent records because you'll need this information if you file your returns electronically.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call us at 800-829-0115.

0458162590
May 30, 2018 LTR 147C 0
81-2035379 000000 00
00008014

WPOHS A MEDICAL CORPORATION
WORKPARTNERS OHS
% GENE MA
3142 VISTA WAY SUITE 401
OCEANSIDE CA 92056-3619

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

Keep a copy of this letter for your records.

Thank you for your cooperation.

Sincerely yours,



Dwayne Wilson
Department Manager, Accounts Mngmt.

Enclosures:
Copy of this letter