



INTER-ORIENT SERVICES

CUSTOMS HOUSE BROKER

SUPPORTING DOCUMENTS FOR CUSTOMS POA (IMPORT)

In addition to a completed and signed Customs POA (import), we will need the following supporting documents: 1) Proof of Tax ID# and 2) Proof of Corporation's Officer Titles. Below, you will find sample documents that are acceptable forms of the required supporting documents.

1) PROOF OF TAX ID

As a Proof of Tax ID, you can submit either your Form 8109 -OR- the Employer Identification Number Assignment Letter from the IRS.

FORM 8109 Federal Tax ID Coupon

AMOUNT OF DEPOSIT (Do NOT type; please print.)		Darken only one		Darken only one	
DOLLARS	CENTS	TYPE OF TAX		TAX PERIOD	
		941	Sch. A	1st Quarter	
		990C	1120	2nd Quarter	
		943	990T	3rd Quarter	
		720	990PF	4th Quarter	
		CT-1	1042		
		940			62

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See Instructions on page 1.

BANK NAME/
DATE STAMP

EIN XX-XXXXXXX

COMPANY NAME
123 ABC STREET
CITY, ST 12345

89 1 Telephone number ()

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-90)

FOR BANK USE IN MICR ENCODING

EMPLOYER IDENTIFICATION NUMBER LETTER FROM THE IRS

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

[LLC Name]
[Business Address]

Date of this notice:

Employer Identification Number:
[FEIN] XX-XXXXXXX

Number of this notice:

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 you
EIN This EIN will identify you, your business accounts, tax returns, and
documents, even if you have no employees. Please keep this notice in your permanent
records.




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2) PROOF OF CORPORATION'S OFFICER TITLES

As a Proof of your corporation's officer titles, please submit the Statement of Information issued by the Secretary of State in which your business is incorporated.

Statement of Information (issued by the Secretary of State in which your business is incorporated)

		State of California Secretary of State		N
Statement of Information (Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)				
Filing Fee: \$20.00. If amendment, see instructions. IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM				
1. CORPORATE NAME				This Space for Filing Use Only
Due Date:				
Complete Principal Office Address (Do not abbreviate the name of the city. Item 2 cannot be a P.O. Box.)				
2. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE	CA
3. MAILING ADDRESS OF THE CORPORATION, IF REQUIRED	CITY	STATE	ZIP CODE	
Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)				
4. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
XXXXXX XXXXXXXXX				
5. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
XXXXXX XXXXXXXXX				
6. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
XXXXXX XXXXXXXXX				
Agent for Service of Process (If the agent is an individual, the agent must reside in California and Item 8 must be completed with a California street address (a P.O. box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 8 must be left blank.)				
7. NAME OF AGENT FOR SERVICE OF PROCESS				
8. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE	CA
Davis-Stirling Common Interest Development Act (California Civil Code section 1350, et seq.)				
9. <input type="checkbox"/> Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act and proceed to Items 10, 11 and 12.				
NOTE: Corporations formed to manage a common interest development must also file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code section 1363.6. Please see instructions on the reverse side of this form.				
10. ADDRESS OF BUSINESS OR CORPORATE OFFICE OF THE ASSOCIATION, IF ANY	CITY	STATE	ZIP CODE	
11. FRONT STREET AND NEAREST CROSS STREET FOR THE PHYSICAL LOCATION OF THE COMMON INTEREST DEVELOPMENT				9-DIGIT ZIP CODE
(Complete if the business or corporate office is not on the site of the common interest development.)				
12. NAME AND ADDRESS OF ASSOCIATION'S MANAGING AGENT, IF ANY	CITY	STATE	ZIP CODE	
13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.				
DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	<div style="border: 2px solid red; border-radius: 50%; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> X </div>	
			SIGNATURE	
SI-100 (REV 10/2010)			APPROVED BY SECRETARY OF STATE	