

Form **SS-4**  
(Rev. January 2010)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

OMB No. 1545-0003

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)  
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

**1** Legal name of entity (or individual) for whom the EIN is being requested  
Name of the Lay Carmelite Community

**2** Trade name of business (if different from name on line 1) **3** Executor, administrator, trustee, "care of" name  
Treasurer's Name

**4a** Mailing address (room, apt., suite no. and street, or P.O. box) **4a** Street address (if different) (Do not enter a P.O. box.)  
Treasurer's

**4b** City, state, and ZIP code (if foreign, see instructions) **5b** City, state, and ZIP code (if foreign, see instructions)  
Treasurer's

**6** County and state where principal business is located.

**7a** Name of responsible party **7b** SSN, ITIN, or EIN

**8a** Is this application for a limited liability company (LLC) (or a foreign equivalent)?  Yes  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?  Yes  No

**9a** Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.

|  |  |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN)                               | <input type="checkbox"/> Estate (SSN of decedent)  |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Plan administrator (TIN)  |
| <input type="checkbox"/> Corporation (enter form number to be filed) ▶       | <input type="checkbox"/> Trust (TIN of grantor)  |
| <input type="checkbox"/> Personal service corporation                        | <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government            |
| <input checked="" type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶            | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises      |
| <input type="checkbox"/> Other (specify) ▶                                   | Group Exemption Number (GEN) if any ▶  |

**9b** If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country

**10** Reason for applying (check only one box)

Banking purpose (specify purpose) ▶ Checking Account

Started new business (specify type) ▶

Changed type of organization (specify new type) ▶

Purchased going business

Hired employees (Check the box and see line 13.)

Created a trust (specify type) ▶

Compliance with IRS withholding regulations

Created a pension plan (specify type) ▶

Other (specify) ▶

**11** Date business started or acquired (month, day, year). See instructions. **12** Closing month of accounting year

**13** Highest number of employees expected in the next 12 months (enter -0- if none).  
If no employees expected, skip line 14.

|              |           |       |
|--------------|-----------|-------|
| Agricultural | Household | Other |
|--------------|-----------|-------|

**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 \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter.

**15** First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).

**16** Check one 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"/> Health care & social assistance | <input type="checkbox"/> Wholesale-agent/broker |
| <input type="checkbox"/> Real estate  | <input type="checkbox"/> Manufacturing    | <input type="checkbox"/> Finance & insurance          | <input type="checkbox"/> Accommodation & food service    | <input type="checkbox"/> Wholesale-other        |
|                                       |   |   | <input type="checkbox"/> Other (specify)                 | <input type="checkbox"/> Retail                 |

**17** Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

**18** Has the applicant entity shown on line 1 ever applied for and received an EIN?  Yes  No  
If "Yes," write previous EIN here ▶

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

|                             |                      |  |
|-----------------------------|----------------------|--|
| <b>Third Party Designee</b> | Designee's name      | Designee's telephone number (include area code)  |
|                             | Address and ZIP code | Designee's fax number (include area code)        |
|                             |                      | Applicant's telephone number (include area code) |
|                             |                      | Applicant's fax number (include area code)       |

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) ▶ Treasurer

Signature ▶ Treasurer **Date** ▶