

Form **SS-4**

Application for Employer Identification Number

OMB No. 1545-0003

(Rev. January 2010)

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

Department of the Treasury
Internal Revenue Service

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

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

4a Mailing address (room, apt., suite no. and street, or P.O. box) **5a** Street address (if different) (Do not enter a P.O. box.)

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

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.

Sole proprietor (SSN) _____ Estate (SSN of decedent) _____

Partnership Plan administrator (TIN) _____

Corporation (enter form number to be filed) ▶ _____ Trust (TIN of grantor) _____

Personal service corporation National Guard State/local government

Church or church-controlled organization Farmers' cooperative Federal government/military

Other nonprofit organization (specify) ▶ _____ REMIC Indian tribal governments/enterprises

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)

Started new business (specify type) ▶ _____ Banking purpose (specify purpose) ▶ _____

Hired employees (Check the box and see line 13.) Changed type of organization (specify new type) ▶ _____

Compliance with IRS withholding regulations Purchased going business

Other (specify) ▶ _____ Created a trust (specify type) ▶ _____

_____ Created a pension plan (specify type) ▶ _____

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.

Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker

Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale-other Retail

_____ Other (specify) _____

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.

Third Party Designee

Designee's name _____ Designee's telephone number (include area code) () ()

Address and ZIP code _____ Designee'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) ▶ _____ Applicant's telephone number (include area code) () ()

Signature ▶ _____ Date ▶ _____ Applicant's fax number (include area code) () ()