



Form **SS-4**

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► **Keep a copy for your records.**



1 Name of applicant (legal name) (see instructions)

Please type or print clearly

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

4a Mailing address (street address) (room, apt., or suite no.)      5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code      5b City, state, and ZIP code

6 County and state where principal business is located



7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► \_\_\_\_\_

8a Type of entity (Check only one box.) (see instructions)

**Caution:** If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN) \_\_\_\_\_
- Partnership       Personal service corp.
- REMIC       National Guard
- State/local government       Farmers' cooperative
- Church or church-controlled organization
- Other nonprofit organization (specify) ► \_\_\_\_\_ (enter GEN if applicable)
- Other (specify) ► \_\_\_\_\_
- Estate (SSN of decedent) \_\_\_\_\_
- Plan administrator (SSN) \_\_\_\_\_
- Other corporation (specify) ► \_\_\_\_\_
- Trust
- Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated      State      Foreign country

9 Reason for applying (Check only one box.) (see instructions)       Banking purpose (specify purpose) ► \_\_\_\_\_

- Started new business (specify type) ► \_\_\_\_\_
- Changed type of organization (specify new type) ► \_\_\_\_\_
- Purchased going business
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ► \_\_\_\_\_
- Created a trust (specify type) ► \_\_\_\_\_
- Other (specify) ► \_\_\_\_\_



10 Date business started or acquired (month, day, year) (see instructions)



11 Closing month of accounting year (see instructions)

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

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►

14 Principal activity (see instructions) ►

15 Is the principal business activity manufacturing? . . . . .  Yes       No  
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.       Business (wholesale)  
 Public (retail)       Other (specify) ► \_\_\_\_\_       N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes       No  
**Note:** If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► \_\_\_\_\_      Trade name ► \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year)      City and state where filed      Previous EIN  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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.  
Business telephone number (include area code) \_\_\_\_\_  
Fax telephone number (include area code) \_\_\_\_\_

Name and title (Please type or print clearly.) ► \_\_\_\_\_

Signature ► \_\_\_\_\_      Date ► \_\_\_\_\_

**Note:** Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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