

# Sample

Form **SS-4**

(Rev. January 2010)

Department of the Treasury  
Internal Revenue Service

## Application for Employer Identification Number

(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.

OMB No. 1545-0003

EIN

Type or print clearly.	<b>1</b>	Legal name of entity (or individual) for whom the EIN is being requested				
	<b>2</b>	Trade name of business (if different from name on line 1)		<b>3</b>	Executor, administrator, trustee, "care of" name	
	<b>4a</b>	Mailing address (room, apt., suite no. and street, or P.O. box)		<b>5a</b>	Street address (if different) (Do not enter a P.O. box.)	
	<b>4b</b>	City, state, and ZIP code (if foreign, see instructions)		<b>5b</b>	City, state, and ZIP code (if foreign, see instructions)	
	<b>6</b>	County and state where principal business is located				
	<b>7a</b>	Name of responsible party		<b>7b</b>	SSN, ITIN, or EIN	
<b>8a</b>	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>8b</b>	If 8a is "Yes," enter the number of LLC members ▶	
<b>8c</b>	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>9a</b>	Type of entity (check only one box). <b>Caution.</b> 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 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 ▶ _____			
<b>9b</b>	If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country		
<b>10</b>	Reason for applying (check only one box)					
	<input type="checkbox"/> Started new business (specify type) ▶ _____		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____			
	<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____			
	<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business			
	<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Created a trust (specify type) ▶ _____			
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
<b>11</b>	Date business started or acquired (month, day, year). See instructions.			<b>12</b>	Closing month of accounting year	
<b>13</b>	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.					
	Agricultural	Household	Other			
<b>14</b>	If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> 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. <input type="checkbox"/>					
<b>15</b>	First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶					
<b>16</b>	Check <b>one</b> 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"/> Retail	
	<input type="checkbox"/> Other (specify) _____					
<b>17</b>	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.					
<b>18</b>	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ _____					
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
	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.					Applicant's telephone number (include area code) ( )	
Name and title (type or print clearly) ▶					Applicant's fax number (include area code) ( )	
Signature ▶					Date ▶	