

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
 Expires 12-31-96

| | | |
|-------------------------------|--|--|
| Please type or print clearly. | 1 Name of applicant (Legal name) (See instructions.) _____ | |
| | 2 Trade name of business, if different from name in 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 in 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 trustor—SSN required (See instructions.) ▶ _____ | |

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

| | | |
|---|---|--|
| <input type="checkbox"/> Sole Proprietor (SSN) _____ | <input type="checkbox"/> Estate (SSN of decedent) _____ | <input type="checkbox"/> Trust |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Plan administrator-SSN _____ | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> Other corporation (specify) _____ | <input type="checkbox"/> Farmers' cooperative |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> National guard | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Church or church controlled organization | <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) _____ | |
| <input type="checkbox"/> Other (specify) ▶ _____ | | |

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.)

| | |
|--|---|
| <input type="checkbox"/> Started new business (specify) ▶ _____ | <input type="checkbox"/> Changed type of organization (specify) ▶ _____ |
| <input type="checkbox"/> Hired employees | <input type="checkbox"/> Purchased going business |
| <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | <input type="checkbox"/> Created a trust (specify) ▶ _____ |
| <input type="checkbox"/> Banking purpose (specify) ▶ _____ | <input type="checkbox"/> Other (specify) ▶ _____ |

10 Date business started or acquired (Mo., day, year) (See instructions.) _____

11 Enter closing month of accounting year. (See instructions.) _____

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

13 Enter 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." ▶

| | | | |
|--|-----------------|--------------|-----------|
| | Nonagricultural | Agricultural | Household |
|--|-----------------|--------------|-----------|

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 the appropriate box. Business (wholesale) N/A
 Public (retail) Other (specify) ▶ _____

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

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

| | |
|--------------------|--------------------|
| Legal name ▶ _____ | Trade name ▶ _____ |
|--------------------|--------------------|

17c Enter approximate date, city, and state where the application was filed and the 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.

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 |
|----------------------|------|------|-------|------|---------------------|

General Instructions

(Section references are to the Internal Revenue Code unless otherwise noted.)

Purpose

Use Form SS-4 to apply for an employer identification number (EIN). An EIN is a nine-digit number (for example, 12-3456789) assigned to sole proprietors, corporations, partnerships, estates, trusts, and other entities for filing and reporting purposes. The information you provide on this form will establish your filing and reporting requirements.

Who Must File

You must file this form if you have not obtained an EIN before and

- You pay wages to one or more employees.
- You are required to have an EIN to use on any return, statement, or other document, even if you are not an employer.
- You are a withholding agent required to withhold taxes on income, other than wages, paid to a nonresident alien (individual, corporation, partnership, etc.). A withholding agent may be an agent, broker, fiduciary, manager, tenant, or spouse, and is required to file **Form 1042**, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons.
- You file **Schedule C**, Profit or Loss From Business, or **Schedule F**, Profit or Loss From Farming, of **Form 1040**, U.S. Individual Income Tax Return, and have a Keogh plan or are required to file excise, employment, or alcohol, tobacco, or firearms returns.

The following must use EINs even if they do not have any employees:

- Trusts, except the following:
 1. Certain grantor-owned revocable trusts (see the Instructions for Form 1040).
 2. Individual Retirement Arrangement (IRA) trusts, unless the trust has to file **Form 990-T**, Exempt Organization Business Income Tax Return (See the Instructions for Form 990-T.)
- Estates
- Partnerships
- REMICS (real estate mortgage investment conduits) (See the instructions for **Form 1066**, U.S. Real Estate Mortgage Investment Conduit Income Tax Return.)
- Corporations
- Nonprofit organizations (churches, clubs, etc.)
- Farmers' cooperatives
- Plan administrators (A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.)

Note: Household employers are not required to file Form SS-4 to get an EIN. An EIN may be assigned to you without filing Form SS-4 if your only employees are household employees (domestic workers) in your private home. To have an EIN assigned to you, write "NONE" in the space for the EIN on **Form 942**, Employer's Quarterly Tax Return for Household Employees, when you file it.

When To Apply for A New EIN

New Business.—If you become the new owner of an existing business, **DO NOT** use the EIN of the former owner. If you already have an EIN, use that number. If you do not have an EIN, apply for one on this form. If you become the "owner" of a corporation by acquiring its stock, use the corporation's EIN.

Changes in Organization or Ownership.—If you already have an EIN, you may need to get a new one if either the organization or ownership of your business changes. If you incorporate a sole proprietorship or form a partnership, you must get a new EIN. However, **DO NOT** apply for a new EIN if you change only the name of your business.

File Only One Form SS-4.—File only one Form SS-4, regardless of the number of businesses operated or trade names under which a business operates. However, each corporation in an affiliated group must file a separate application.

EIN Applied For, But Not Received.—If you do not have an EIN by the time a return is due, write "Applied for" and the date you applied in the space shown for the number. **DO NOT** show your social security number as an EIN on returns.

If you do not have an EIN by the time a tax deposit is due, send your payment to the Internal Revenue service center for your filing area. (See **Where To Apply** below.) Make your check or money order payable to Internal Revenue Service and show your name (as shown on Form SS-4), address, kind of tax, period covered, and date you applied for an EIN.

For more information about EINs, see **Pub. 583**, Taxpayers Starting a Business and **Pub. 1635**, EINs Made Easy.

How To Apply

You can apply for an EIN either by mail or by telephone. You can get an EIN immediately by calling the Tele-TIN phone number for the service center for your state, or you can send the completed Form SS-4 directly to the service center to receive your EIN in the mail.

Application by Tele-TIN.—Under the Tele-TIN program, you can receive your EIN over the telephone and use it

immediately to file a return or make a payment. To receive an EIN by phone, complete Form SS-4, then call the Tele-TIN phone number listed for your state under **Where To Apply**. The person making the call must be authorized to sign the form (see **Signature block** on page 3).

An IRS representative will use the information from the Form SS-4 to establish your account and assign you an EIN. Write the number you are given on the upper right-hand corner of the form, sign and date it.

You should mail or FAX the signed SS-4 **within 24 hours** to the Tele-TIN Unit at the service center address for your state. The IRS representative will give you the FAX number. The FAX numbers are also listed in Pub. 1635.

Taxpayer representatives can receive their client's EIN by phone if they first send a facsimile (FAX) of a completed **Form 2848**, Power of Attorney and Declaration of Representative, or **Form 8821**, Tax Information Authorization, to the Tele-TIN unit. The Form 2848 or Form 8821 will be used solely to release the EIN to the representative authorized on the form.

Application by Mail.—Complete Form SS-4 at least 4 to 5 weeks before you will need an EIN. Sign and date the application and mail it to the service center address for your state. You will receive your EIN in the mail in approximately 4 weeks.

Where To Apply

The Tele-TIN phone numbers listed below will involve a long-distance charge to callers outside of the local calling area, and should be used only to apply for an EIN. THE NUMBERS MAY CHANGE WITHOUT NOTICE. Use 1-800-829-1040 to verify a number or to ask about an application by mail or other Federal tax matters.

| If your principal business, office or agency, or legal residence in the case of an individual, is located in: | Call the Tele-TIN phone number shown or file with the Internal Revenue Service center at: |
|---|--|
| Florida, Georgia, South Carolina | Attn: Entity Control Atlanta, GA 39901 (404) 455-2360 |
| New Jersey, New York City and counties of Nassau, Rockland, Suffolk, and Westchester | Attn: Entity Control Holtsville, NY 00501 (516) 447-4955 |
| New York (all other counties), Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont | Attn: Entity Control Andover, MA 05501 (508) 474-9717 |
| Illinois, Iowa, Minnesota, Missouri, Wisconsin | Attn: Entity Control Stop 57A 2306 E. Bannister Rd. Kansas City, MO 64131 (816) 926-5999 |
| Delaware, District of Columbia, Maryland, Pennsylvania, Virginia | Attn: Entity Control Philadelphia, PA 19255 (215) 574-2400 |

Indiana, Kentucky, Michigan, Ohio, West Virginia
Attn: Entity Control
Cincinnati, OH 45999
(606) 292-5467

Kansas, New Mexico, Oklahoma, Texas
Attn: Entity Control
Austin, TX 73301
(512) 462-7843

Alaska, Arizona, California (counties of Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba), Colorado, Idaho, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming
Attn: Entity Control
Mail Stop 6271-T
P.O. Box 9950
Ogden, UT 84409
(801) 620-7645

California (all other counties), Hawaii
Attn: Entity Control
Fresno, CA 93888
(209) 452-4010

Alabama, Arkansas, Louisiana, Mississippi, North Carolina, Tennessee
Attn: Entity Control
Memphis, TN 37501
(901) 365-5970

If you have no legal residence, principal place of business, or principal office or agency in any state, file your form with the Internal Revenue Service Center, Philadelphia, PA 19255 or call (215) 574-2400.

Specific Instructions

The instructions that follow are for those items that are not self-explanatory. Enter N/A (nonapplicable) on the lines that do not apply.

Line 1.—Enter the legal name of the entity applying for the EIN exactly as it appears on the social security card, charter, or other applicable legal document.

Individuals.—Enter the first name, middle initial, and last name.

Trusts.—Enter the name of the trust.

Estate of a decedent.—Enter the name of the estate.

Partnerships.—Enter the legal name of the partnership as it appears in the partnership agreement.

Corporations.—Enter the corporate name as set forth in the corporation charter or other legal document creating it.

Plan administrators.—Enter the name of the plan administrator. A plan administrator who already has an EIN should use that number.

Line 2.—Enter the trade name of the business if different from the legal name. The trade name is the “doing business as” name.

Note: Use the full legal name on line 1 on all tax returns filed for the entity. However, if you enter a trade name on line 2 and choose to use the trade name instead of the legal name, enter the trade name on all returns you file. To prevent processing delays and errors, **always** use either the legal name only or the trade name only on all tax returns.

Line 3.—Trusts enter the name of the trustee. Estates enter the name of the executor, administrator, or other fiduciary. If the entity applying has a designated person to receive tax information, enter that person’s name as the “care of” person. Print or type the first name, middle initial, and last name.

Line 7.—Enter the first name, middle initial, last name, and social security number (SSN) of a principal officer if the business is a corporation; of a general partner if a partnership; and of a grantor owner, or trustor if a trust.

Line 8a.—Check the box that best describes the type of entity applying for the EIN. If not specifically mentioned, check the “other” box and enter the type of entity. Do not enter N/A.

Sole proprietor.—Check this box if you file Schedule C or F (Form 1040) and have a Keogh plan, or are required to file excise, employment, or alcohol, tobacco, or firearms returns. Enter your SSN (social security number) in the space provided.

Plan administrator.—If the plan administrator is an individual, enter the plan administrator’s SSN in the space provided.

Withholding agent.—If you are a withholding agent required to file Form 1042, check the “other” box and enter “withholding agent.”

REMICs.—Check this box if the entity has elected to be treated as a real estate mortgage investment conduit (REMIC). See the Instructions for Form 1066 for more information.

Personal service corporations.—Check this box if the entity is a personal service corporation. An entity is a personal service corporation for a tax year only if:

- The principal activity of the entity during the testing period (prior tax year) for the tax year is the performance of personal services substantially by employee-owners.

- The employee-owners own 10 percent of the fair market value of the outstanding stock in the entity on the last day of the testing period.

Personal services include performance of services in such fields as health, law, accounting, consulting, etc. For more information about personal service corporations, see the instructions to **Form 1120**, U.S. Corporation Income Tax Return, and **Pub. 542**, Tax Information on Corporations.

Other corporations.—This box is for any corporation other than a personal service corporation. If you check this box, enter the type of corporation (such as insurance company) in the space provided.

Other nonprofit organizations.—Check this box if the nonprofit organization is

other than a church or church-controlled organization and specify the type of nonprofit organization (for example, an educational organization.)

If the organization also seeks tax-exempt status, you must file either **Package 1023** or **Package 1024**, Application for Recognition of Exemption. Get **Pub. 557**, Tax-Exempt Status for Your Organization, for more information.

Group exemption number (GEN).—If the organization is covered by a group exemption letter, enter the four-digit GEN. (Do not confuse the GEN with the nine-digit EIN.) If you do not know the GEN, contact the parent organization. Get Pub. 557 for more information about group exemption numbers.

Line 9.—Check only **one** box. Do not enter N/A.

Started new business.—Check this box if you are starting a new business that requires an EIN. If you check this box, enter the type of business being started. **DO NOT** apply if you already have an EIN and are only adding another place of business.

Changed type of organization.—Check this box if the business is changing its type of organization, for example, if the business was a sole proprietorship and has been incorporated or has become a partnership. If you check this box, specify in the space provided the type of change made, for example, “from sole proprietorship to partnership.”

Purchased going business.—Check this box if you purchased an existing business. **DO NOT** use the former owner’s EIN. Use your own EIN if you already have one.

Hired employees.—Check this box if the existing business is requesting an EIN because it has hired or is hiring employees and is therefore required to file employment tax returns. **DO NOT** apply if you already have an EIN and are only hiring employees. If you are hiring household employees, see **Note** under **Who Must File** on page 2.

Created a trust.—Check this box if you created a trust, and enter the type of trust created.

Note: **DO NOT** file this form if you are the individual-grantor/owner of a revocable trust. You must use your SSN for the trust. See the instructions for **Form 1040**.

Created a pension plan.—Check this box if you have created a pension plan and need this number for reporting purposes. Also, enter the type of plan created.

Banking purpose.—Check this box if you are requesting an EIN for banking purposes only and enter the banking purpose (for example, a bowling league for depositing dues, an investment club for dividend and interest reporting, etc.).

Other (specify).—Check this box if you are requesting an EIN for any reason other than those for which there are checkboxes, and enter the reason.

Line 10.—If you are starting a new business, enter the starting date of the business. If the business you acquired is already operating, enter the date you acquired the business. Trusts should enter the date the trust was legally created. Estates should enter the date of death of the decedent whose name appears on line 1 or the date when the estate was legally funded.

Line 11.—Enter the last month of your accounting year or tax year. An accounting or tax year is usually 12 consecutive months, either a calendar year or a fiscal year (including a period of 52 or 53 weeks). A calendar year is 12 consecutive months ending on December 31. A fiscal year is either 12 consecutive months ending on the last day of any month other than December or a 52-53 week year. For more information on accounting periods, see **Pub. 538**, Accounting Periods and Methods.

Individuals.—Your tax year generally will be a calendar year.

Partnerships.—Partnerships generally must adopt the tax year of either (1) the majority partners; (2) the principal partners; (3) the tax year that results in the least aggregate (total) deferral of income; or (4) some other tax year. (See the Instructions for **Form 1065**, U.S. Partnership Return of Income, for more information.)

REMICs.—Remics must have a calendar year as their tax year.

Personal service corporations.—A personal service corporation generally must adopt a calendar year unless:

- It can establish a business purpose for having a different tax year, or
- It elects under section 444 to have a tax year other than a calendar year.

Trusts.—Generally, a trust must adopt a calendar year except for the following:

- Tax-exempt trusts,
- Charitable trusts, and
- Grantor-owned trusts.

Line 12.—If the business has or will have employees, enter the date on which the business began or will begin to pay wages. If the business does not plan to have employees, enter N/A.

Withholding agent.—Enter the date you began or will begin to pay income to a nonresident alien. This also applies to individuals who are required to file Form 1042 to report alimony paid to a nonresident alien.

Line 14.—Generally, enter the exact type of business being operated (for example, advertising agency, farm, food or beverage establishment, labor union, real estate agency, steam laundry, rental of coin-operated vending machine, investment club, etc.). Also state if the business will involve the sale or distribution of alcoholic beverages.

Governmental.—Enter the type of organization (state, county, school district, or municipality, etc.).

Nonprofit organization (other than governmental).—Enter whether organized for religious, educational, or humane purposes, and the principal activity (for example, religious organization—hospital, charitable).

Mining and quarrying.—Specify the process and the principal product (for example, mining bituminous coal, contract drilling for oil, quarrying dimension stone, etc.).

Contract construction.—Specify whether general contracting or special trade contracting. Also, show the type of work normally performed (for example, general contractor for residential buildings, electrical subcontractor, etc.).

Food or beverage establishments.—Specify the type of establishment and state whether you employ workers who receive tips (for example, lounge—yes).

Trade.—Specify the type of sales and the principal line of goods sold (for example, wholesale dairy products, manufacturer's representative for mining machinery, retail hardware, etc.).

Manufacturing.—Specify the type of establishment operated (for example, sawmill, vegetable cannery, etc.).

Signature block.—The application must be signed by: (1) the individual, if the applicant is an individual, (2) the president, vice president, or other principal officer, if the applicant is a corporation, (3) a responsible and duly authorized member or officer having knowledge of its affairs, if the applicant is a partnership or other unincorporated organization, or (4) the fiduciary, if the applicant is a trust or estate.

Some Useful Publications

You may get the following publications for additional information on the subjects covered on this form. To get these and other free forms and publications, call 1-800-TAX-FORM (1-800-829-3676).

Pub. 1635, EINs Made Easy

Pub. 538, Accounting Periods and Methods

Pub. 541, Tax Information on Partnerships

Pub. 542, Tax Information on Corporations

Pub. 557, Tax-Exempt Status for Your Organization

Pub. 583, Taxpayers Starting A Business

Pub. 937, Employment Taxes and Information Returns

Package 1023, Application for Recognition of Exemption

Package 1024, Application for Recognition of Exemption Under Section 501(a) or for Determination Under Section 120

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

| | |
|---|---------|
| Recordkeeping | 7 min. |
| Learning about the law or the form | 18 min. |
| Preparing the form | 44 min. |
| Copying, assembling, and sending the form to the IRS | 20 min. |

If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Attention: Reports Clearance Officer, PC:FP, Washington, DC 20224; and the **Office of Management and Budget**, Paperwork Reduction Project (1545-0003), Washington, DC 20503. **DO NOT** send this form to either of these offices. Instead, see **Where To Apply** on page 2.