

# Partnership Taxpayer Identification Number (TIN) Application

*Instructions: Complete all applicable sections of this template. This form is designed for printing and manual submission/record-keeping. Do not use this form to submit online.*

## Section 1: Partnership Information

Legal Name of Partnership: <input type="text"/>	
Trade Name / Doing Business As (DBA) (if different from legal name): <input type="text"/>	
Date of Formation (MM/DD/YYYY): <input type="text"/>	State/Jurisdiction of Formation: <input type="text"/>
Type of Partnership (e.g., General, Limited, LLP, LLLP): <input type="text"/>	

## Section 2: Address Information

Principal Place of Business (Street Address - P.O. Box is not acceptable): <input type="text"/>	
City, State, and ZIP Code: <input type="text"/>	County/Province and Country: <input type="text"/>
Mailing Address (if different from principal place of business): <input type="text"/>	
Mailing City, State, and ZIP Code: <input type="text"/>	

## Section 3: Responsible Party Details

*Provide the details of the principal partner, general partner, or person responsible for the control or management of the partnership.*

Full Name of Responsible Party: <input type="text"/>	Title/Role in Partnership: <input type="text"/>
Taxpayer Identification Number (SSN, ITIN, or EIN): <input type="text"/>	Contact Phone Number: <input type="text"/>
Email Address: <input type="text"/>	

## Section 4: Reason for Application

Primary Reason for Applying (e.g., Started New Business, Hired Employees, Banking Purposes): <input type="text"/>
Estimated Maximum Number of Partners in the Next 12 Months: <input type="text"/>

## Section 5: Certification and Signature

*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.*

Signature of Authorized Partner, Officer, or Representative (Sign within the box below):

Printed Name of Signatory:

Date (MM/DD/YYYY):

Title of Signatory: