

# Form SS-4: Application for Employer Identification Number

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

---

## Part I: Identification

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):

4b. City, state, and ZIP code (if foreign, see instructions):

5a. Street address (if different) (Do not enter a P.O. box):

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 of responsible party:

8a. Is this application for a limited liability company (LLC)? (Enter "Yes" or "No"):

8b. If "Yes" on line 8a, enter the number of LLC members:

8c. If "Yes" on line 8a, was the LLC organized in the United States? (Enter "Yes" or "No"):

9a. Type of entity (e.g., Sole proprietor, Partnership, Corporation, Personal service corp., Trust, Estate, etc.):

9b. If a corporation, name the state or foreign country where incorporated:

10. Reason for applying (e.g., Started new business, Hired employees, Banking purpose, Changed organization):

11. Date business started or acquired (Month, Day, Year):

12. Closing month of accounting year:

13. Highest number of employees expected in the next 12 months (Agricultural, Household, Other):

14. Do you expect to have \$1,000 or less in employment tax liability? (Enter "Yes" or "No"):

15. First date wages or annuities were paid (Month, Day, Year):

16. Principal activity of the business (e.g., Construction, Retail, Manufacturing, etc.):

17. Principal line of merchandise sold, specific construction work, or service provided:

18. Has the applicant entity ever applied for an EIN before? (Enter "Yes" or "No"):

---

## Third Party Designee

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.

Designee's name:

Designee's telephone number:

Address and ZIP code:

Designee's fax number:

---

## Signature and Date

Signature of authorized official (Print Name to sign digitally): Date (MM/DD/YYYY):

Applicant's title:

Applicant's telephone number:

Applicant's fax number: