Note: Form SS-4 begins on the next page of this document.

Attention

Limit of one (1) Employer Identification Number (EIN) Issuance per Business Day

Effective May 21, 2012, to ensure fair and equitable treatment for all taxpayers, the Internal Revenue Service (IRS) will limit Employer Identification Number (EIN) issuance to one per responsible party per day. This limitation is applicable to all requests for EINs whether online or by phone, fax or mail. We apologize for any inconvenience this may cause.

Form **\$\$-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

	1	Legal name of entity (or individual) for whom the EIN is being	reques	sted					
print clearly.	2	Trade name of business (if different from name on line 1)	3	3 Executor, administrator, trustee			"care of" name		
	4a	Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do			ress (if different) (Do r	not enter a P.O. box.)		
or pri	4b	City, state, and ZIP code (if foreign, see instructions)	5b	City,	state,	and ZIP code (if fore	ign, see instructi	ons)	
Type or	6	County and state where principal business is located							
_	7a	Name of responsible party			7b S	SSN, ITIN, or EIN			
8a	ls th	nis application for a limited liability company (LLC) (or			8b l	f 8a is "Yes," enter th	e number of		
		reign equivalent)? Yes	□ N	lo	L	LC members	•		
8c	If 8a	a is "Yes," was the LLC organized in the United States? .					_	Yes	☐ No
9a		e of entity (check only one box). Caution. If 8a is "Yes," see	the in	struc	tions f	or the correct box to	check.		
		Sole proprietor (SSN)		[tate (SSN of deceden an administrator (TIN)			
		Corporation (enter form number to be filed) ▶		Ī	_	ust (TIN of grantor)			
	_	Personal service corporation		_		` _	State/local gov	ernment	
		Church or church-controlled organization		Ī	_	rmers' cooperative			,
		Other nonprofit organization (specify)		[_		Indian tribal gove		
		Other (specify) ►		(3roup	Exemption Number (C	GEN) if any ▶		
9b		corporation, name the state or foreign country pplicable) where incorporated	е			Foreign	country		
10	Rea	ason for applying (check only one box)	Banking	g pur	oose (s	specify purpose) -			
				hanged type of organization (specify new type) ▶					
		D F	urchas	urchased going business					
		Hired employees (Check the box and see line 13.)	reated a trust (specify type) ►						
			Created	eated a pension plan (specify type)					
11		Other (specify) ► e business started or acquired (month, day, year). See instruc	otions		12	Closing month of ac	ecounting year		
	Dati	e busiliess started of acquired (month, day, year). See instruc	ZIIOI IS.		14	If you expect your er		hility to bo	¢1 000
13	High	nest number of employees expected in the next 12 months (enter	or less in a full calen						
	If no	o employees expected, skip line 14.	annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000						
	,	A minimultured August 1 August				or less if you expect	to pay \$4,000 or	less in tota	al
	F	Agricultural Household Oth	Other			wages.) If you do not check this box, you mus Form 941 for every quarter.			
15		t date wages or annuities were paid (month, day, year). Note resident alien (month, day, year)	. If app	olican	t is a v		•		paid to
16		ck one box that best describes the principal activity of your busi	ness.		Healtl	h care & social assistanc	e	e-agent/bro	oker
	☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodati						_] Retail
	☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify)								
17	Indi	cate principal line of merchandise sold, specific construction	work o	done,	produ	ucts produced, or serv	vices provided.		
18		the applicant entity shown on line 1 ever applied for and receives," write previous EIN here	eived	an El	N? [Yes No			
		Complete this section only if you want to authorize the named individua	I to rece	ive the	entity's	EIN and answer questions	about the completion	of this form.	
Third Party Designee		Designee's name	Designee's telephone number (include area code)						
			()						
		ee Address and ZIP code	Designee's fax number (include area code)						
							()		
		es of perjury, I declare that I have examined this application, and to the best of my known	owledge a	and beli	ef, it is t	rue, correct, and complete.	Applicant's telephone	number (include	e area code
Nam	e and	title (type or print clearly) ▶					()		
							Applicant's fax num	ber (include a	area code
Sign	ature I	Date ►					()		

Form SS-4 (Rev. 1-2010) Page **2**

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document. See also the separate instructions for each line on Form SS-4.

IF the applicant	AND	THEN		
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a–8a, 8b–c (if applicable), 9a, 9b (if applicable), and 10–14 and 16–18.		
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a–6, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10–18.		
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.		
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) 2	Complete lines 1–18 (as applicable).		
Purchased a going business ³	Does not already have an EIN	Complete lines 1–18 (as applicable).		
Created a trust	The trust is other than a grantor trust or an IRA trust ⁴	Complete lines 1–18 (as applicable).		
Created a pension plan as a plan administrator ⁵	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a-5b, 9a, 10, and 18.		
ls a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	Complete lines 1–5b, 7a–b (SSN or ITIN optional), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.		
ls administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1–6, 9a, 10–12, 13–17 (if applicable), and 18.		
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.		
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	Complete lines 1, 2, 4a-5b, 9a, 10, and 18.		
ls a single-member LLC	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸	Complete lines 1–18 (as applicable).		
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	Complete lines 1–18 (as applicable).		

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

² However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

 $^{^{3}}$ Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also Household employer on page 4 of the instructions. **Note.** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See Disregarded entities on page 4 of the instructions for details on completing Form SS-4 for an LLC.

 $^{^{9}}$ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.