

1 Legal name of entity (or individual) for whom the EIN is being requested Line 1: (65, 690)		Line 3: (315, 690)
2 Trade name of business (if different from name on line 1) Line 2: (65, 670)		3 Executor, administrator, trustee, "care of" name
4a Mailing address (room, apt., suite no. and street, or P.O. box) Line 4a: (65, 640)		5a Street address (if different) (Don't enter a P.O. box.) Line 5a: (305, 640)
4b City, state, and ZIP code (if foreign, see instructions) Line 4b: (65, 617)		5b City, state, and ZIP code (if foreign, see instructions) Line 5b: (315, 617)
6 County and state where principal business is located Line 6: (65, 594)		
7a Name of responsible party Line 7a: (65, 570)		7b SSN, ITIN, or EIN Line 7b: (342, 570)
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes (257, 545) <input type="checkbox"/> No (300, 545)		8b If 8a is "Yes," enter the number of LLC members 8b: (500, 542)
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes (495, 533) <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. <input checked="" type="checkbox"/> 9a_sole: (64, 509) 9a_sole_ssn: (164, 509) <input checked="" type="checkbox"/> 9a_p: (64, 496) <input checked="" type="checkbox"/> 9a_corp_sole: (64, 484) <input type="checkbox"/> Corporation (enter form number to be filed) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Other (specify)		
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any		
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State 9b: (290, 414) Foreign country
10 Reason for applying (check only one box) <input checked="" type="checkbox"/> 10: (63, 388) Started new business (specify type) <input checked="" type="checkbox"/> 10: (65, 375) <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify)		
11 Date business started or acquired (month, day, year). See instructions. 11: (115, 317)		12 Closing month of accounting year 12: (485, 327)
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. Agricultural 13_Ag: (100, 257) Household 13_Hh: (180, 257) Other 13_Ot: (280, 257)		
14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability will generally be \$1,000 or less if you expect to pay \$5,000 or less, \$6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/> 14: (407, 256)		
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) 15: (400, 232)		
16 Check one box that best describes the principal activity of your business. <input checked="" type="checkbox"/> 16_construction: (128, 208) 16_transporation: (207, 208) <input type="checkbox"/> 16_accommodation: (322, 208) <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input checked="" type="checkbox"/> 16_real_estate: (63, 196) 16_manufacturing: (128, 196) 16_finance: (207, 196) 16_other: (322, 196) 16_other_specify: (400, 196) <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. 17: (65, 172)		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (402, 160) If "Yes," write previous EIN here		
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.		
Third Party Designee	Designee's name Designee Name: (100, 115)	Designee's telephone number (include area code) Designee Phone: (450, 112)
	Address and ZIP code Designee Address: (100, 90)	Designee's fax number (include area code) Designee Fax: (450, 90)
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 (type or print clearly) Signature Name: (150, 65)		Applicant's telephone number (include area code) Applicant Phone: (450, 65)
		Applicant's fax number (include area code) Applicant Fax: (450, 43)