

SS-4

Form
(Rev. December 2023)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.)

OMB No. 1545-0003

EIN

See separate instructions for each line. Keep a copy for your records.
Go to www.irs.gov/FormSS4 for instructions and the latest information.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested Line 1: (65, 690)	3 Executor, administrator, trustee, "care of" name Line 3: (315, 690)
2 Trade name of business (if different from name on line 1) Line 2: (65, 670)	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members 8b: (500, 542) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8c If 8a is "Yes," was the LLC organized in the United States?	

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) <input type="checkbox"/> 9a_sole_ssni: (164, 509) <input checked="" type="checkbox"/> 9b: (64, 496) <input checked="" type="checkbox"/> 9c: (64, 484) <input checked="" 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"/> Farmers' cooperative _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Indian tribal governments/enterprises _____
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9b If a corporation, name the state or foreign country (if applicable) where incorporated	State _____	Foreign country _____
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10 Reason for applying (check only one box) <input checked="" type="checkbox"/> 10: (63, 388) <input type="checkbox"/> Started new business (specify type) _____ <input 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) _____	<input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> Created a pension plan (specify type) _____
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11 Date business started or acquired (month, day, year). See instructions. 11: (115, 317)	12 Closing month of accounting year 12: (485, 327)
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13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	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 type="checkbox"/> 14: (407, 256)
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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) _____	16 Closing month of accounting year 12: (485, 327)
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16 Check one box that best describes the principal activity of your business. <input checked="" type="checkbox"/> 16: construction: (63, 206) <input checked="" type="checkbox"/> 16: construction: (128, 208) <input type="checkbox"/> Construction _____ <input type="checkbox"/> Rental & leasing _____ <input type="checkbox"/> Transportation & warehousing _____ <input checked="" type="checkbox"/> 16: real_estate: (63, 198) <input checked="" type="checkbox"/> 16: manufacturing: (128, 198) <input type="checkbox"/> Real estate _____ <input type="checkbox"/> Manufacturing _____ <input type="checkbox"/> Finance & insurance _____ <input type="checkbox"/> Other (specify) _____ 16: other_specify: (400, 196)	<input type="checkbox"/> 16: healthcare: (322, 220) <input type="checkbox"/> 16: accommodation: (322, 208) <input type="checkbox"/> Accommodation & food service _____ <input type="checkbox"/> Other (specify) _____ 16: other_specify: (400, 196) <input type="checkbox"/> Wholesale—agent/broker _____ <input type="checkbox"/> Wholesale—other: (452, 220) <input type="checkbox"/> Wholesale—other: (452, 208) <input type="checkbox"/> Retail: (537, 208)
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17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. 17: (65, 172)	
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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 18: no: (402, 160)
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If "Yes," write previous EIN here

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 Name: (100, 115)	Designee's telephone number (include area code) Designee Phone: (450, 112)	Designee's fax number (include area code) Designee Fax: (450, 90)
Address and ZIP code Designee Address: (100, 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)

Signature _____ Date _____

Red boxes = Text fields, Green squares = Checkboxes, Blue squares = Form fields, Yellow squares = Signature fields

Instructions: Merge this overlay with SS-4 template PDF to verify field positions

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