

SS-4

Application for Employer Identification Number

OMB No. 1545-0003

Form
(Rev. December 2023)
Department of the Treasury
Internal Revenue Service

(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.
Go to www.irs.gov/FormSS4 for instructions and the latest information.

EIN

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)		5a Street address (if different) (Don't enter a P.O. box.) Line 5a: (305, 640)	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) Line 4a: (65, 640)		5b City, state, and ZIP code (if foreign, see instructions) Line 5b: (315, 617)	
	4b City, state, and ZIP code (if foreign, see instructions) Line 4b: (65, 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 <input type="checkbox"/> No 8a, yes: (257, 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 <input type="checkbox"/> No 8c, yes: (495, 533)			
	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 Partnership <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"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government <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 9b: (290, 414)		State Foreign country	
	10 Reason for applying (check only one box) <input checked="" type="checkbox"/> 10: (63, 388) 10: (65, 375) <input type="checkbox"/> Started new business (specify type) <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)			
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. 13_Ag: (100, 257) 13_Hh: (180, 257) 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: (63, 208) 16 construction: (63, 208) <input checked="" type="checkbox"/> 16 real estate: (63, 196) 16 real estate: (63, 196) <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale - agent/broker <input type="checkbox"/> Wholesale - other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) 16_other_specify: (400, 196)				
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 18, no: (402, 160) 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)	
	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.			Applicant's telephone number (include area code) Applicant Phone: (450, 65)	
Name and title (type or print clearly) Signature Name: (150, 65)			Applicant's fax number (include area code) Applicant Fax: (450, 43)	
Signature			Date	