Department of the Treasury

Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

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

OMB No. 1545-0003

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| inten | | | (or individual) for whom the E | | | | | |
|------------------------|---|---|---|-----------------------------|---|---|--|--|
| | | agai namo or omity | (5a.maaa, for whom the L | | g roquootou | | | |
| Type or print clearly. | 2 T | Trade name of business (if different from name on line 1) | | 3 Exe | 3 Executor, administrator, trustee, "care of" name | | | |
| | 4a N | Mailing address (room, apt., suite no. and street, or P.O. box) | | | oox) 5a Stre | 5a Street address (if different) (Do not enter a P.O. box.) | | |
| or pri | 4b C | City, state, and ZIP code (if foreign, see instructions) | | | 5b City | 5b City, state, and ZIP code (if foreign, see instructions) | | |
| ype | 6 C | County and state where principal business is located | | | | | | |
| | 7a N | lame of responsible | e party | | | 7b SSN, ITIN, or EIN | | |
| 8a | | Is this application for a limited liability company (LLC) (or a foreign equivalent)? | | | | er the number of | | |
| 8c | | | .C organized in the United Sta | | | | · · · · Yes No | |
| 9a | | | ly one box). Caution . If 8a is " | | | | | |
| | | ole proprietor (SSN | | | | ☐ Estate (SSN of deced | | |
| | _ | artnership | | _ | | ☐ Plan administrator (TI | - | |
| | □с | orporation (enter fo | orm number to be filed) | | | ☐ Trust (TIN of grantor) | · | |
| | _ | ersonal service cor | | | | ☐ Military/National Guar | rd State/local government | |
| | □ c | hurch or church-co | ontrolled organization | | | ☐ Farmers' cooperative | Federal government | |
| | □ o | ther nonprofit orga | nization (specify) | | | REMIC | Indian tribal governments/enterprises | |
| | ☐ Other (specify) ► Group Exemption Numbe | | | | | r (GEN) if any ▶ | | |
| 9b | | rporation, name the able) where incorp | e state or foreign country (if orated | 8 | State | Fore | ign country | |
| 10 | Reaso | on for applying (ch | eck only one box) | | Banking pu | rpose (specify purpose) ▶ | | |
| | | | | pe of organization (specify | / new type) ► | | | |
| | | | | | Purchased | going business | | |
| | ПН | ired employees (Ch | neck the box and see line 13.) | [| Created a t | rust (specify type) ▶ | | |
| | | | | Created a p | ated a pension plan (specify type) ▶ | | | |
| | ☐ Other (specify) ► | | | | | | | |
| 11 | Date k | Date business started or acquired (month, day, year). See instructions. | | | 12 Closing month of14 If you expect your | accounting year employment tax liability to be \$1,000 or | | |
| 13 | Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. | | | | less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) | | | |
| | | Agricultural | Household | Otl | her | | k this box, you must file Form 941 for | |
| 15 | | date wages or ann sident alien (month | | | | | nt, enter date income will first be paid to | |
| 16 | Check | one box that best of | describes the principal activity of | of your b | usiness. | Health care & social assista | ance | |
| | □с | onstruction 🔲 Re | ental & leasing 🔲 Transportat | tion & war | rehousing | Accommodation & food se | rvice Wholesale-other Retail | |
| | ☐ R | eal estate 🔲 Ma | anufacturing | insuran | ice 🗌 | Other (specify) ► | | |
| 17 | Indica | te principal line of ı | merchandise sold, specific co | nstructio | on work done, | products produced, or se | rvices provided. | |
| 18 | | Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No f "Yes," write previous EIN here ► | | | | | | |
| | Complete this section only if you want to authorize the named individual to re | | | | individual to rec | eive the entity's EIN and answe | er questions about the completion of this form. | |
| Thi | rd | Designee's name | | | | | Designee's telephone number (include area code) | |
| Par | 1 3 1 1 1 | | | | | | | |
| Designee | | Address and ZIP code | | | | | Designee's fax number (include area code) | |
| Unde | r penalties | of perjury, I declare that I h | ave examined this application, and to the | best of my | knowledge and be | lief, it is true, correct, and complete. | Applicant's telephone number (include area code) | |
| | • | e (type or print clearly) | | | | | | |
| | | | | | | | Applicant's fax number (include area code) | |
| Sign | ature ► | | | | | Date ► | | |

Form SS-4 (Rev. 12-2017) 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 | | |
|--|---|--|--|--|
| tarted 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 it ownership changed (for example, you incorporat 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. | | |
| Is 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. | | |
| Is 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. | | |
| Is a single-member LLC (or similar single-member entity) | Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business (Under Sections 6038A and 6038C of the Internal Revenue Code) | 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.

- 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.

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).