

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.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested																	
	2 Trade name of business (if different from name on line 1)		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 not enter a P.O. box.)															
	4b City, state, and ZIP code (if foreign, see instructions)		5b City, state, and ZIP code (if foreign, see instructions)															
	6 County and state where principal business is located																	
	7a Name of responsible party		7b SSN, ITIN, or EIN															
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☐ No		8b If 8a is "Yes," enter the number of LLC members ▶																
8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No																		
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.																		
<table border="0"><tr><td>☐ Sole proprietor (SSN) _____</td><td>☐ Estate (SSN of decedent) _____</td></tr><tr><td>☐ Partnership</td><td>☐ Plan administrator (TIN) _____</td></tr><tr><td>☐ Corporation (enter form number to be filed) ▶ _____</td><td>☐ Trust (TIN of grantor) _____</td></tr><tr><td>☐ Personal service corporation</td><td>☐ National Guard ☐ State/local government</td></tr><tr><td>☐ Church or church-controlled organization</td><td>☐ Farmers' cooperative ☐ Federal government/military</td></tr><tr><td>☐ Other nonprofit organization (specify) ▶ _____</td><td>☐ REMIC ☐ Indian tribal governments/enterprises</td></tr><tr><td>☐ Other (specify) ▶ _____</td><td>Group Exemption Number (GEN) if any ▶ _____</td></tr></table>				☐ Sole proprietor (SSN) _____	☐ Estate (SSN of decedent) _____	☐ Partnership	☐ Plan administrator (TIN) _____	☐ Corporation (enter form number to be filed) ▶ _____	☐ Trust (TIN of grantor) _____	☐ Personal service corporation	☐ National Guard ☐ State/local government	☐ Church or church-controlled organization	☐ Farmers' cooperative ☐ Federal government/military	☐ Other nonprofit organization (specify) ▶ _____	☐ REMIC ☐ Indian tribal governments/enterprises	☐ Other (specify) ▶ _____	Group Exemption Number (GEN) if any ▶ _____	
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9b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country															
10 Reason for applying (check only one box)																		
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11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year																
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 generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐																
Agricultural		Household	Other															
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 Check one box that best describes the principal activity of your business.																		
<table border="0"><tr><td>☐ Construction</td><td>☐ Rental & leasing</td><td>☐ Transportation & warehousing</td><td>☐ Health care & social assistance</td><td>☐ Wholesale-agent/broker</td></tr><tr><td>☐ Real estate</td><td>☐ Manufacturing</td><td>☐ Finance & insurance</td><td>☐ Accommodation & food service</td><td>☐ Wholesale-other</td></tr><tr><td colspan="3"></td><td>☐ Other (specify)</td><td>☐ Retail</td></tr></table>				☐ Construction	☐ Rental & leasing	☐ Transportation & warehousing	☐ Health care & social assistance	☐ Wholesale-agent/broker	☐ Real estate	☐ Manufacturing	☐ Finance & insurance	☐ Accommodation & food service	☐ Wholesale-other				☐ Other (specify)	☐ Retail
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			☐ Other (specify)	☐ Retail														
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.																		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No 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's telephone number (include area code) ()															
	Address and ZIP code		Designee's fax number (include area code) ()															
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) ()															
Name and title (type or print clearly) ▶			Applicant's fax number (include area code) ()															
Signature ▶			Date ▶															