Note: Form SS-4 begins on the next page of this document.

Attention

Limit of one (1) Employer Identification Number (EIN) Issuance per Business Day

Effective May 21, 2012, to ensure fair and equitable treatment for all taxpayers, the Internal Revenue Service (IRS) will limit Employer Identification Number (EIN) issuance to one per responsible party per day. This limitation is applicable to all requests for EINs whether online or by phone, fax or mail. We apologize for any inconvenience this may cause.

Form SS-4

(Rev. January 2010)

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.)

See separate instructions for each line.

► Keep a copy for your records.

OMB No. 1545-0003

Legal name of entity (or individual) for whom the EIN is being requested							sted	ed					
Type or print clearly.	2	Trade name of business (if different from name on line 1)			3	3 Executor, administrator, trustee, "care of" name							
int cl	4a	Mail	ing address (roo	m, apt., suite no. and str	eet, or P.O. box	() 5a	Stre	et ad	ldress (if differe	ent) (Do	not enter a	P.O. box.)	
or pr	4b	City	, state, and ZIP	code (if foreign, see inst	ructions)	5b	City	, stat	e, and ZIP cod	e (if for	eign, see ins	structions)	
ype	6 County and state where principal business is located												
	7a	Nan	ne of responsible	e party				7b	SSN, ITIN, or E	EIN			
8a				nited liability company (LLC		ı	No	8b	If 8a is "Yes," LLC members				
8c				LC organized in the Uni									s No
9a				nly one box). Caution. If								<u>. L .v</u>	
Ju						00 1110 1		_					
				J)					estate (SSN of		,		
	_		nership						Plan administrat	. ,			
	Ш	Corp	ooration (enter fo	rm number to be filed) ▶.				∐ Т	rust (TIN of gra				
		Pers	sonal service co	rporation				□ N	National Guard		State/loca	al governme	ent
		Chu	rch or church-ce	ontrolled organization				□ F	armers' coopera	ative 🗌	Federal go	overnment/m	nilitary
		Othe	er nonprofit orga	anization (specify) ▶				□ F	REMIC		Indian triba	al governmer	nts/enterprises
			er (specify) >					Grou	p Exemption N	umber (GEN) if any	>	
9b			ooration, name t cable) where inc	he state or foreign coun orporated	try St	ate				Foreig	n country		
10	Rea	son	for applying (c	heck only one box)		Rankin	na nur	rnose	(specify purpo	se) >			
		Star	ted new husines	ss (specify type) >					organization (s				
		Otai	tod new basines	33 (Specify type) =		_			business	pecity i	icw type,		
	\Box	Llivo	d ampleyees (C	hook the how and one lin	. 12)								
				heck the box and see lin	_				specify type)				
			npliance with IRS er (specify) >	S withholding regulations	S	Create	ed a p	ensic	n plan (specify	type)	-		
11				r acquired (month, day,	year) See instr	uctions		10	? Closing mor	oth of a	ccounting ve	aar	
• •	Dai	e bu	siriess started o	acquired (month, day,	year). See msu	uctions							
13	⊔ial	anct i	number of emplo	voos expected in the peyt	12 months (ont	or O if	nono	14					
13	riigi	Highest number of employees expected in the next 12 months (enter							or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here.				
	If n	o em	ployees expecte	ed, skip line 14.					(Your emplo	vment t	ax liability of	enerally will	be \$1.000
				 							t to pay \$4,0		
	P	Agric	ultural	Household	0	ther			wages.) If yo				
									Form 941 fo	r every	quarter.		
15			e wages or ann dent alien (month	uities were paid (month, n, day, year)	day, year). No				a withholding a	gent, er	nter date inc	ome will fire	st be paid to
16	Che	ck o	ne box that best	describes the principal ac	tivity of your bu	siness.		Hea	alth care & social	assistan	ce Wh	olesale-age	nt/broker
		Cons	struction \square Re	ental & leasing 🔲 Trans	sportation & wa	ehousir	ng 🗆	Acc	commodation & fo	ood servi	ice 🗌 Who	olesale-other	Retail
		Rea	l estate M	_	nce & insuranc			Oth	ner (specify)				
17	Indi			merchandise sold, spec			done			d. or ser	vices provid	led.	
		00.0	po.pao o.	The character cola, open				, р.с.	aaoto p.oaaoot	., 0. 00.	1.000 p.01.0		
18			applicant entity	shown on line 1 ever ap	pplied for and r	eceived	l an E	IN?	☐ Yes ☐	No			
	-"-	100,	· · · · · · · · · · · · · · · · · · ·	i	the named individ	ial to roo	oivo the	o ontitu	i'c EIN and answer	auactions	about the com	plation of this	form
			Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions										
Third Party			Designee's name								Designee's tele	epnone number	(include area code)
											()		
De	esign	Address and ZIP code									Designee's fax number (include area code)		
											()		
Under	penalti	es of p	perjury, I declare that I	have examined this application, ar	nd to the best of my	knowledge	and be	elief, it i	s true, correct, and c	omplete.	Applicant's tele	ephone number	(include area code)
Nam	e and	title (type or print clear	y) >							()		
											Applicant's fa	ax number (inc	clude area code)
Siana	ature	•						Date	>		())	

Form SS-4 (Rev. 1-2010) 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				
Started 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 its ownership changed (for example, you incorporate a 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.				
ls a single-member LLC	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸	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.

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).

 $^{^{3}}$ 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.