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 Application for Employer lo | dentification Number OMB No. 1545-0003 |
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| (Rev. January 2010) (For use by employers, corporations, partner government agencies, Indian tribal entities | erships, trusts, estates, churches, certain individuals, and others.) |
| Department of the Treasury Internal Revenue Service See Separate instructions for each line. | Keep a copy for your records. |
| 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.) |
| 2 Trade name of business (if different from name on line 1) 4a Mailing address (room, apt., suite no. and street, or 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)? | 8b If 8a is "Yes," enter the number of LLC members ▶ |
| 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 | |
| Sole proprietor (SSN) | Estate (SSN of decedent) |
| ☐ Partnership ☐ Corporation (enter form number to be filed) ▶ | Plan administrator (TIN) Plan 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) ▶ | |
| ☐ Other (specify) ► | Group Exemption Number (GEN) if any |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated State | e Foreign country |
| 10 Reason for applying (check only one box) | Banking purpose (specify purpose) ► |
| | Changed type of organization (specify new type) ► |
| | Purchased going business |
| | Created a trust (specify type) ► |
| └ Compliance with IRS withholding regulations └ C ○ Other (specify) ► | Created a pension plan (specify type) ► |
| 11 Date business started or acquired (month, day, year). See instruct | ctions. 12 Closing month of accounting year |
| ,,, _, | 14 If you expect your employment tax liability to be \$1,000 |
| 13 Highest number of employees expected in the next 12 months (enter | -0- if none). or less in a full calendar year and want to file Form 944 |
| If no employees expected, skip line 14. | 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 |
| Agricultural Household Oth | er wages.) If you do not check this box, you must file Form 941 for every quarter. |
| 15 First date wages or annuities were paid (month, day, year). Note nonresident alien (month, day, year) | . If applicant is a withholding agent, enter date income will first be paid to |
| 16 Check one box that best describes the principal activity of your busi □ Construction □ Rental & leasing □ Transportation & ware | |
| Real estate Manufacturing Finance & insurance | Other (specify) |
| 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 red If "Yes," write previous EIN here ► | ceived an EIN? Ses No |
| Complete this section only if you want to authorize the named individua | I to receive the entity's EIN and answer questions about the completion of this form. |
| Third Designee's name | Designee's telephone number (include area code) |
| Party | |
| Designee 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 kn | owledge and belief, it is true, correct, and complete. Applicant's telephone number (include area code) |
| Name and title (type or print clearly) | |
| Signature ► | Date ► () |
| For Privacy Act and Paperwork Reduction Act Notice, see separat | |

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.¹ 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 $^{\rm 4}$ | 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 | 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.