

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.

EIN

OMB No. 1545-0003

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, 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

5b City, state, and ZIP code

6 County and state where principal business is located

7a Name of principal officer, general partner, grantor, owner, or trustor

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

- Sole proprietor (SSN) _____
- Partnership
- Corporation (enter form number to be filed) ▶ _____
- Personal service corp.
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶ _____
- Other (specify) ▶ _____
- Estate (SSN of decedent) _____
- Plan administrator (SSN) _____
- Trust (SSN of grantor) _____
- National Guard State/local government
- Farmers' cooperative Federal government/military
- REMIC Indian tribal governments/enterprises
- Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (check only one box)

- Started new business (specify type) ▶ _____
- Banking purpose (specify purpose) ▶ _____
- Hired employees (Check the box and see line 12.)
- Changed type of organization (specify new type) ▶ _____
- Compliance with IRS withholding regulations
- Purchased going business
- Other (specify) ▶ _____
- Created a trust (specify type) ▶ _____
- Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)

11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter "-0-." ▶

Agricultural.

Household

Other

14 Check one box that best describes the principal activity of your business. Construction Rental & leasing Transportation & warehousing Health care & social assistance Accommodation & food service Wholesale-agent/broker Wholesale-other Retail Real estate Manufacturing Finance & insurance Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

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 ▶