

# Form SS-4: Application for Employer Identification Number

1. Legal name of entity (or individual) for whom the EIN is being requested	<input type="text"/>
2. Trade name of business (if different from name above)	<input type="text"/>
3. Executor, administrator, trustee, "care of" name	<input type="text"/>
4a. Mailing address (street, apt. or suite no., city, state, ZIP code)	<input type="text"/>
4b. Street address (if different) (do not enter P.O. Box)	<input type="text"/>
5. County and state where principal business is located	<input type="text"/>
6. Name of responsible party	<input type="text"/>
7a. Name of principal officer, general partner, grantor, owner, or trustor	<input type="text"/>
7b. SSN, ITIN, or EIN of responsible party	<input type="text"/>
8a. Is this application for a limited liability company (LLC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9a. Type of entity	<input type="text"/>
10. Reason for applying	<input type="text"/>
11. Date business started or acquired (MM/DD/YYYY)	<input type="text"/>
12. Closing month of accounting year	<input type="text"/>
13. Highest number of employees expected in the next 12 months	Agricultural: <input type="text"/> Household: <input type="text"/> Other: <input type="text"/>
14. First date wages or annuities were paid or will be paid (if applicable)	<input type="text"/>
15. Principal activity of your business	<input type="text"/>
16. Principal line of merchandise sold, specific construction work done, products produced, or services provided	<input type="text"/>
17. Has the applicant entity ever applied for and received an EIN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Name and telephone number of a person to contact	Name: <input type="text"/> Phone: <input type="text"/>