

Form SS-4: Application for Employer Identification Number

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