Department of the Treasury

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	

EIN

Intern	al Revenue	e Service Go to www.irs.gov/FormSS4 for inst	ructi	ions and	the	latest information.				
	1 Le	egal name of entity (or individual) for whom the EIN is be	eing r	equested			•			
arly.	2 Tr	Trade name of business (if different from name on line 1)			3 Executor, administrator, trustee, "care of" name					
nt cle	4a M	a Mailing address (room, apt., suite no. and street, or P.O. box)		5a Stre	eet	eet address (if different) (Don't enter a P.O. box.)				
Type or print clearly.	4b C	ity, state, and ZIP code (if foreign, see instructions)		5b City	y, s	tate, and ZIP code (if	foreign, see instructions)			
ype (6 C	County and state where principal business is located								
	7a N	ame of responsible party			7	b SSN, ITIN, or EIN				
8a		application for a limited liability company (LLC) preign equivalent)?	3	□ No	8	b If 8a is "Yes," e				
8c		"Yes," was the LLC organized in the United States? .			٠.					
9a		of entity (check only one box). Caution: If 8a is "Yes," s								
Ju		ple proprietor (SSN)	CC tii	ic ilistract	Г	1				
	_				F	-				
		artnership			F	Plan administrator (· -			
	_	orporation (enter form number to be filed)			F	Trust (TIN of granto				
	_	ersonal service corporation			F	∫ Military/National Gu				
	_	nurch or church-controlled organization			F	Farmers' cooperative				
		ther nonprofit organization (specify)			L	REMIC	Indian tribal governments/enterprises			
		ther (specify)			Gr	oup Exemption Numb				
9b		rporation, name the state or foreign country (if able) where incorporated	State)		Fo	reign country			
10	Reaso	n for applying (check only one box)	Ва	anking pu	ırpc	se (specify purpose)				
				Changed type of organization (specify new type)						
				Purchased going business						
				eated a trust (specify type)						
				reated a pension plan (specify type)						
	_		0	reated a p	Jen	sion plan (specify type				
11	Under (specify)					2 Closing month of	accounting year			
••	Date b	usiness started or acquired (month, day, year). See inst	ructio	oris.			-			
13	Highest number of employees expected in the next 12 months (enter -0- if)- if none).		in a full calendar y	employment tax liability to be \$1,000 or less ear and want to file Form 944 annually 941 quarterly, check here. (Your employment			
	If no employees expected, skip line 14.						nerally be \$1,000 or less if you expect to pay			
	Agricultural Household Other		hor				,536 or less if you're in a U.S. territory, in total			
		Agricultural Flouseriold Of				wages.) If you don every quarter.	't check this box, you must file Form 941 for			
15	First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)									
16	Check	one box that best describes the principal activity of your b	usine	ess.	Не	ealth care & social assis	stance			
	□ Co	onstruction Rental & leasing Transportation & wa	rehou	sing	Ac	commodation & food s	service Wholesale-other Retail			
	☐ Re	eal estate 🔲 Manufacturing 🔲 Finance & insurar	nce		Ot	her (specify)				
17	Indicat	e principal line of merchandise sold, specific construction	on w	ork done,	pr	oducts produced, or s	services provided.			
18	Has th	e applicant entity shown on line 1 ever applied for and r	eceiv	/ed an EIN	۷?	☐ Yes ☐ N	0			
	If "Yes	," write previous EIN here								
		Complete this section only if you want to authorize the name	ed ind	ividual to re	ece	ve the entity's EIN and a	nswer questions about the completion of this form.			
Thir	d	Designee's name					Designee's telephone number (include area code)			
Party Designee										
		Address and ZIP code					Designee's fax number (include area code)			
Linder	nenalties o	I of perjury, I declare that I have examined this application, and to the best of r	my kno	wledge and l	helic	of it is true correct and comm	olete. Applicant's telephone number (include area code)			
			ily Kilo	wieuge aiiū i	שפוול	ii, it is true, correct, and comp	NECE. - PPROGREE - COOPTIONS HAITING (HOURS alled Code)			
ivam	and title	(type or print clearly)					Applicant's fax number (include area code)			
٥.					_		Applicant 5 lax number (include area code)			
Siana	ature				Da	te				

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Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't 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.

F the applicant AND		THEN			
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a–8a, 8b–c (if applicable), 9a, 9b (if applicable), 10–14, and 16–18.			
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-18.			
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 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	doesn't 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, 7a-b, 9a, 10, and 18.			
a foreign person needing an N to comply with IRS Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶		complete lines 1–5b, 7a–b (SSN or ITIN as applicable), 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 1–7b, 9a, 10–12, 13–17 (if applicable), and 18.			
is a withholding agent for axxes on nonwage income baid to an alien (that is, ndividual, corporation, or bartnership, 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, 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, 7a-b, 9a, 10, and 18.			
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).			
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 doesn't have employees.

- ³ Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.
- ⁴ However, grantor trusts that don't 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 agent in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.
- ⁸ See *Disregarded entities* in 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.

² However, don't 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).