

## 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 entry (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 trustee  | 7b SSN, ITIN, or EIN   |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
|   | <b>8a Type of entity</b> (check only one box) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN) _____</td> <td><input type="checkbox"/> Estate (SSN of decedent) _____</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN) _____</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____</td> <td><input type="checkbox"/> Trust (SSN of grantor) _____</td> </tr> <tr> <td><input type="checkbox"/> Personal service corp.</td> <td><input type="checkbox"/> National Guard <input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ▶ _____</td> <td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶ _____</td> <td>Group Exemption Number (GEN) ▶ _____</td> </tr> </table> |  |  | <input type="checkbox"/> Sole proprietor (SSN) _____               | <input type="checkbox"/> Estate (SSN of decedent) _____                   | <input type="checkbox"/> Partnership   | <input type="checkbox"/> Plan administrator (SSN) _____              | <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ | <input type="checkbox"/> Trust (SSN of grantor) _____ | <input type="checkbox"/> Personal service corp.                 | <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government | <input type="checkbox"/> Church or church-controlled organization      | <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military | <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises | <input type="checkbox"/> Other (specify) ▶ _____ |
| <input type="checkbox"/> Sole proprietor (SSN) _____  | <input type="checkbox"/> Estate (SSN of decedent) _____  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Plan administrator (SSN) _____  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____  | <input type="checkbox"/> Trust (SSN of grantor) _____  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Personal service corp.   | <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Church or church-controlled organization   | <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military   |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____   | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Other (specify) ▶ _____  | Group Exemption Number (GEN) ▶ _____   |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated <table style="width:100%; border:none;"> <tr> <td style="width:40%;">State</td> <td style="width:60%;">Foreign country</td> </tr> </table>   |  |  | State  | Foreign country  |   |  |  |  |   |   |   |  |  |   |   |  |
| State   | Foreign country  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <b>9 Reason for applying</b> (check only one box) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Started new business (specify type) ▶ _____</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ▶ _____</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ▶ _____</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶ _____</td> <td><input type="checkbox"/> Created a trust (specify type) ▶ _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶ _____</td> </tr> </table> |  |  | <input type="checkbox"/> Started new business (specify type) ▶ _____ | <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ | <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ | <input type="checkbox"/> Compliance with IRS withholding regulations | <input type="checkbox"/> Purchased going business                            | <input type="checkbox"/> Other (specify) ▶ _____      | <input type="checkbox"/> Created a trust (specify type) ▶ _____ |   | <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ |  |   |   |  |
| <input type="checkbox"/> Started new business (specify type) ▶ _____  | <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____   |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.)   | <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____   |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Compliance with IRS withholding regulations  | <input type="checkbox"/> Purchased going business  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Other (specify) ▶ _____  | <input type="checkbox"/> Created a trust (specify type) ▶ _____  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
|   | <input type="checkbox"/> 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). <b>Note:</b> 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. <b>Note:</b> If the applicant does not expect to have any employees during the period, enter "0". . . . . ▶  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Agricultural</td> <td style="width:33%;">Household</td> <td style="width:33%;">Other</td> </tr> </table> | Agricultural   | Household  | Other   |  |  |  |   |   |   |  |  |   |   |  |
| Agricultural  | Household  | Other  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <b>14</b> Check <b>one</b> box that best describes the principal activity of your business. <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental &amp; leasing</td> <td><input type="checkbox"/> Transportation &amp; warehousing</td> <td><input type="checkbox"/> Health care &amp; social assistance</td> <td><input type="checkbox"/> Accommodation &amp; food service</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance &amp; insurance</td> <td><input type="checkbox"/> Other (specify)</td> <td><input type="checkbox"/> Wholesale-other</td> <td><input type="checkbox"/> Retail</td> </tr> </table>                     |  |  | <input type="checkbox"/> Construction                                | <input type="checkbox"/> Rental & leasing                          | <input type="checkbox"/> Transportation & warehousing                     | <input type="checkbox"/> Health care & social assistance                         | <input type="checkbox"/> Accommodation & food service                | <input type="checkbox"/> Wholesale-agent/broker                              | <input type="checkbox"/> Real estate                  | <input type="checkbox"/> Manufacturing                          | <input type="checkbox"/> Finance & insurance  | <input type="checkbox"/> Other (specify)                               | <input type="checkbox"/> Wholesale-other   | <input type="checkbox"/> Retail   |   |  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Rental & leasing  | <input type="checkbox"/> Transportation & warehousing  | <input type="checkbox"/> Health care & social assistance             | <input type="checkbox"/> Accommodation & food service              | <input type="checkbox"/> Wholesale-agent/broker                           |  |  |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Real estate  | <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Finance & insurance   | <input type="checkbox"/> Other (specify)                             | <input type="checkbox"/> Wholesale-other                           | <input type="checkbox"/> Retail   |  |  |  |   |   |   |  |  |   |   |  |
| 15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.   |  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <b>16a</b> Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Note:</b> If "Yes," please complete lines 16b and 16c.   |  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <b>16b</b> 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.<br>Legal name ▶ _____ Trade name ▶ _____  |  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| <b>16c</b> Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.<br>Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____  |  |  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |
| Third Party Designee  | Complete this section <b>only</b> 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 ▶ _____  |  | ( )  |  |  |   |  |  |  |   |   |   |  |  |   |   |  |