

Application for Employer Identification Number

Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN



▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested DEUNTAVIOUS DECOREY ARNOLD TRUST	3 Executor, administrator, trustee, "care of" name Deuntavious- DeCorey: Arnold
	2 Trade name of business (if different from name on line 1)	5a Street address (if different) (Do not enter a P.O. box.)
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5b City, state, and ZIP code (if foreign, see instructions)
	4b City, state, and ZIP code (if foreign, see instructions) ATLANTA, GA, 30349	6 County and state where principal business is located Puerto Rico [i.e. 31 USC § 1321(a)(2)&(a)(62)]
	7a Name of responsible party *** N/A ***	7b SSN, ITIN, or EIN [REDACTED]
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶
	8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.	
	<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input checked="" type="checkbox"/> Trust (TIN of grantor) Deuntavious- DeCorey: Arnold <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____
	9b If a corporation, name the state or foreign country (if applicable) where incorporated *** N/A ***	State *** N/A *** Foreign country Puerto Rico
	10 Reason for applying (check only one box)	
	<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ *** to open bank account *** <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____
	11 Date business started or acquired (month, day, year). See instructions. Started: 09/24/1987 Acquired: 11/1/23	12 Closing month of accounting year
	13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. *** N/A ***	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 941 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
	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) ▶ *** N/A ***	
	16 Check one box that best describes the principal activity of your business.	
	<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail
	17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. *** Asset Management ***	
	18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____	

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 Deuntavious- DeCorey: Arnold Trustee/Managing Director	Designee's telephone number (include area code) ()
	Address and ZIP code [REDACTED]	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 ▶▶▶	▶▶▶