

Application for Employer Identification Number

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

▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested FIRST MIDDLE LAST		
	2 Trade name of business (if different from name on line 1) (LEAVE BLANK)		3 Executor, administrator, trustee, "care of" name First-Middle: Last, Trustee
	4a Mailing address (room, apt., suite no. and street, or P.O. box) c/o 1234 Your Address Street		5a Street address (if different) (Don't enter a P.O. box.) (LEAVE BLANK)
	4b City, state, and ZIP code (if foreign, see instructions) City / Town, State [12345]		5b City, state, and ZIP code (if foreign, see instructions) (LEAVE BLANK)
	6 County and state where principal business is located c/o 1234 Foreign Address Street, County, Foreign State*		
	7a Name of responsible party N/A		7b SSN, ITIN, or EIN N/A
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 N/A	
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		LEAVE BLANK →	
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) Foreign Grantor <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <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		State N/A	Foreign country N/A
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 type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input checked="" type="checkbox"/> Created a trust (specify type) ▶ Foreign Grantor <input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
11 Date business started or acquired (month, day, year). See instructions. TODAY'S DATE		12 Closing month of accounting year December	
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
Agricultural -0-	Household -0-	Other -0-	
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 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"/> 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 <input checked="" type="checkbox"/> Other (specify) ▶ Private Banking	
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. N/A			
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 (LEAVE BLANK)		Designee's telephone number (include area code)
	Address and ZIP code		Designee's tax 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) ▶ First-Middle: Last, TEE			(XXX) XXX-XXXX
Signature ▶ BY: First Middle Last			Applicant's fax number (include area code)
Date ▶ TODAY'S DATE			(XXX) XXX-XXXX or N/A

*YOU MUST DESIGNATE A FOREIGN ADDRESS ON
LINE 6.

From the Secured Party Instruction Manual:

Instructions:

- Fill out the form with your personal information following the example BELOW.
 - Call IRS at 1-267-941-1000 or 1-267-941-1099.
 - Push-3 in automated system.
 - They may require you to fax over SS-4 form, be prepared.
 - You are the trustee.
 - IRS will try to add the word **TRUST** after your name. This is not acceptable you must have the 98-Series trust needs to be just your name. Tell the IRS agent the TRUST has already been created, it is about to receive income. If the IRS can not provide an EIN # for your name as the trust, than request a letter from them that this entity is tax exempt and not required to file taxes.

From the I.R.S. Instructions:

Apply by telephone—option available to international applicants only. If you have NO legal residence, principal place of business, or principal office or agency in the U.S. or U.S. possessions, you may call 267-941-1099 (not a toll-free number), 6:00 a.m. to 11:00 p.m. (Eastern time), Monday through Friday, to obtain an EIN.