

EIN

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Included Documents

[EIN_Confirmation_Letter.pdf](#)

[IRS_Form_SS4.pdf](#)

Date of this notice:

Employer Identification Number:

Form: SS-4

Number of this notice:

For assistance you may call us
at: 1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN _____. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is _____. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

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 _____

1 Legal name of entity (or individual) for whom the EIN is being requested _____

2 Trade name of business (if different from name on line 1) _____

3 Executor, administrator, 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 (if foreign, see instructions) _____

5b City, state, and ZIP code (if foreign, see instructions) _____

6 County and state where principal business is located _____

7a Name of responsible party _____

7b SSN, ITIN, or EIN _____

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? Yes 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? Yes No

9a **Type of entity** (check only one box). **Caution.** If 8a is "Yes," see the instructions for the correct box to check.

Sole proprietor (SSN) _____

Partnership _____

Corporation (enter form number to be filed) ▶ _____

Personal service corporation _____

Church or church-controlled organization _____

Other nonprofit organization (specify) ▶ _____

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (TIN) _____

Trust (TIN of grantor) _____

Military/National Guard _____

Farmers' cooperative _____

REMIC _____

State/local government _____

Federal government _____

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 _____ Foreign country _____

10 **Reason for applying** (check only one box)

Started new business (specify type) ▶ _____

Banking purpose (specify purpose) ▶ _____

Changed type of organization (specify new type) ▶ _____

Purchased going business _____

Hired employees (Check the box and see line 13.) _____

Created a trust (specify type) ▶ _____

Compliance with IRS withholding regulations _____

Created a pension plan (specify type) ▶ _____

Other (specify) ▶ _____

11 Date business started or acquired (month, day, year). See instructions. _____

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.

Agricultural _____ Household _____ Other _____

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 \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter.

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.

Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-agent/broker Retail

Real estate Manufacturing Finance & insurance Other (specify) ▶ _____

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. _____

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes 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 _____ 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.

Name and title (type or print clearly) ▶ _____ Applicant's telephone number (include area code) _____

Signature ▶ _____ Date ▶ _____ Applicant's fax number (include area code) _____