

EIN applications can be submitted online. Form SS-4 must be completed prior to the online application in order to obtain the employer's signature

Record the EIN once it is obtained. This box is left blank until the EIN is received

<b>SS-4</b> Form SS-4 (Rev. December 2023) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (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. Go to <a href="http://www.irs.gov/FormSS4">www.irs.gov/FormSS4</a> for instructions and the latest information.																																											
		OMB No. 1545-0003 EIN																																											
<p>1 Legal name of entity (or individual) for whom the EIN is being requested <b>Participant or Representative, HCSR</b></p> <p>2 Trade name of business (if different from name on line 1)</p> <p>3 Executor, administrator, trustee, "care of" name</p> <p>4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>F/EA Mailing Address</b></p> <p>4b City, state, and ZIP code (if foreign, see instructions) <b>F/EA City, State, ZIP</b></p> <p>5a Street address (if different) (Don't enter a P.O. box.) <b>Participant or Representative Street Address</b></p> <p>5b City, state, and ZIP code (if foreign, see instructions) <b>Participant or Representative City, State, ZIP</b></p> <p>6 County and state where principal business is located</p> <p>7a Name of responsible party</p> <p>7b SSN, ITIN, or EIN <b>Participant or Representative SSN</b></p> <p>8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>8b If 8a is "Yes," enter the number of LLC members <b>0</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.</p> <table border="0"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN)</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Corporation (enter form number to be filed)</td> <td><input type="checkbox"/> Personal service corporation</td> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Other nonprofit organization (specify) <b>HCSR</b></td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> <td><input type="checkbox"/> Plan administrator (TIN)</td> <td><input type="checkbox"/> Trust (TIN of grantor)</td> <td><input type="checkbox"/> Military/National Guard</td> <td><input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> <b>Other (specify)</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Farmers' cooperative</td> <td><input type="checkbox"/> REMIC</td> <td><input type="checkbox"/> Indian tribal governments/enterprises</td> <td><input type="checkbox"/> Federal government</td> </tr> </table> <p>9b If a corporation, name the state or foreign country (if applicable) where incorporated <b>State</b> <b>Foreign country</b></p> <p>9c Group Exemption Number (GEN) if any</p> <p>10 Reason for applying (check only one box)</p> <table border="0"> <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 13.)</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"/> <b>Other (specify)</b> <b>HCSR</b></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> <p>11 Date business started or acquired (month, day, year). See instructions. <b>Date HCSR started with F/EA</b></p> <p>12 Closing month of accounting year <b>December</b></p> <p>13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.</p> <table border="0"> <tr> <td><b>Agricultural</b> <b>0</b></td> <td><b>Household</b> <b>0</b></td> <td><b>Other</b> <b>0</b></td> </tr> </table> <p>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 will generally be \$1,000 or less if you expect to pay \$5,000 or less, \$6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/> <b>N/A</b></p> <p>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). <b>N/A</b></p> <p>16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Health care &amp; social assistance <input type="checkbox"/> Wholesale—agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental &amp; leasing <input type="checkbox"/> Transportation &amp; warehousing <input type="checkbox"/> Accommodation &amp; food service <input type="checkbox"/> Wholesale—other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance &amp; insurance <input checked="" type="checkbox"/> <b>Other (specify)</b> <b>HCSR</b></p> <p>17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>HCSR</b></p> <p>18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here</p> <p>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.</p> <table border="0"> <tr> <td>Designee's name</td> <td>Designee's telephone number (include area code)</td> </tr> <tr> <td><b>F/EA Staff Name</b></td> <td><b>F/EA Phone #</b></td> </tr> <tr> <td>Address and ZIP code</td> <td>Designee's fax number (include area code)</td> </tr> <tr> <td><b>F/EA Address</b></td> <td><b>F/EA Fax #</b></td> </tr> </table> <p>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.</p> <p>Name and title (type or print clearly)</p> <p>Signature <b>Date</b></p> <p>For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2023)</p>				<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) <b>HCSR</b>	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Plan administrator (TIN)	<input type="checkbox"/> Trust (TIN of grantor)	<input type="checkbox"/> Military/National Guard	<input type="checkbox"/> State/local government	<input type="checkbox"/> <b>Other (specify)</b>						<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> REMIC	<input type="checkbox"/> Indian tribal governments/enterprises	<input type="checkbox"/> Federal government	<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 13.)	<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"/> <b>Other (specify)</b> <b>HCSR</b>	<input type="checkbox"/> Created a trust (specify type)		<input type="checkbox"/> Created a pension plan (specify type)	<b>Agricultural</b> <b>0</b>	<b>Household</b> <b>0</b>	<b>Other</b> <b>0</b>	Designee's name	Designee's telephone number (include area code)	<b>F/EA Staff Name</b>	<b>F/EA Phone #</b>	Address and ZIP code	Designee's fax number (include area code)	<b>F/EA Address</b>	<b>F/EA Fax #</b>
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Individual listed in Box 1 should sign, date and print name, telephone and fax (if applicable).

Exceptions:

- 1) Court appointed guardians representing individuals listed in Box 1 should sign, date and attach a copy of the court appointed guardianship paperwork with court seal visible.
- 2) Parents of minors listed in Box 1 should list their name, a title of "Parent of Minor, (name of individual listed in Box 1)" and include the parent SSN along with the parent signature. The parent SSN is required for a minor to obtain an EIN.

Employer can be the participant or a representative serving as the employer. After employer name, enter "HCSR"

Leave Line 2 blank

Participant employer should not be established as an LLC or Corporation

Leave Line 9b blank

Leave Box 14 unchecked

Enter 0 in all boxes. Do not enter any other numbers in these boxes

In most cases, "no" should be checked

## Example IRS Form SS-4

### Used to Obtain a Federal Employer Identification Number for a Participant Hiring Employees and Using a Fiscal/Employer Agent