

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

Form SS-4 (Rev. December 2023) Department of the Treasury Internal Revenue Service		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. Go to www.irs.gov/FormSS4 for instructions and the latest information.		OMB No. 1545-0003 EIN
1 Legal name of entity (or individual) for whom the EIN is being requested				
Participant or Representative, HCSR				
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) (Don't enter a P.O. box.)		
F/EA Mailing Address		Participant or Representative Street Address		
4b City, state, and ZIP code (if foreign, see instructions)		5b City, state, and ZIP code (if foreign, see instructions)		
F/EA City, State, ZIP		Participant or Representative City, State, ZIP		
6 County and state where principal business is located				
Participant or Representative County and State				
7a Name of responsible party		7b SSN, ITIN, or EIN		
Participant or Representative (matches Line 1)		Participant or Representative SSN		
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)?		8b If 8a is "Yes," enter the number of LLC members		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		0		
8c If 8a is "Yes," was the LLC organized in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Corporation (enter form number to be filed) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/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 <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) HCSR 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)				
<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 checked="" type="checkbox"/> Other (specify) HCSR <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.		12 Closing month of accounting year		
Date HCSR started with F/EA		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 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.		
Agricultural 0 Household 0 Other 0		N/A		
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"/> Accommodation & food service <input type="checkbox"/> Wholesale—agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) HCSR <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.				
HCSR				
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If "Yes," write previous EIN here				
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.				
Third Party Designee	Designee's name		Designee's telephone number (include area code)	
	F/EA Staff Name		F/EA Phone #	
	Address and ZIP code		Designee's fax number (include area code)	
	F/EA Address		F/EA Fax #	
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		Applicant's fax number (include area code)		
Date				

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

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.

Example IRS Form SS-4

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