

Form **SS-4**

Application for Employer Identification Number

(Rev. November 1985)
Department of the Treasury
Internal Revenue Service

(For use by employers and others. Please read
the separate instructions before completing this form.)
For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0003
Expires 8-31-88

1 Name (True name. See instructions.)				2 Social security no., if sole proprietor		3 Ending month of accounting year	
4 Trade name of business if different from item 1				5 General partner's name, if partnership; principal officer's name, if corporation; or grantor's name, if trust			
6 Address of principal place of business (Number and street)				7 Mailing address, if different			
8 City, state, and ZIP code				9 City, state, and ZIP code			
10 Type of organization <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator <input type="checkbox"/> Governmental <input type="checkbox"/> Nonprofit organization <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify)				11 County of principal business location			
12 Reason for applying <input type="checkbox"/> Started new business <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify)				13 Acquisition or starting date (Mo., day, year). See instructions.			
14 Nature of principal activity (See instructions.)				15 First date wages or annuities were paid or will be paid (Mo., day, year).			
16 Peak number of employees expected in the next 12 months (If none, enter "0")		Nonagricultural	Agricultural	Household	17 Does the applicant operate more than one place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18 Most of the products or services are sold to whom? <input type="checkbox"/> Business establishments (wholesale) <input type="checkbox"/> General public (retail) <input type="checkbox"/> Other (specify) <input type="checkbox"/> N/A				19 If nature of business is manufacturing, state principal product and raw material used.			
20 Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter name and trade name. Also enter approx. date, city, and state where the application was filed and previous number if known. ▶							
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.						Telephone number (include area code)	
Signature and Title ▶				Date ▶			
Please leave blank ▶		Geo.	Ind.	Class	Size	Reas. for appl.	Part I

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					Part II