Form SS-4, Application for Employer Identification Number (Rev. July 2007)

Purpose: This is the second circulated draft of Form SS-4 (Rev. July 2007) for your review and comments. See below for a discussion of the major changes made since the first circulation.

TPCC Meeting: None, but one may be arranged if requested.

Prior Circulation: The first circulation of Form SS-4 (Rev. July 2007) is available at: http://taxforms.web.irs.gov/Products/Drafts/2007/07fss4 d1.pdf.

Prior Version: Form SS-4 (Rev. February 2006) is available at: http://www.irs.gov/pub/irs-pdf/fss4.pdf.

Instructions: The Instructions for Form SS-4 (Rev. July 2007) will be circulated at a later date. The Instructions for Form SS-4 (Rev. February 2006) are available at: http://www.irs.gov/pub/irs-pdf/iss4.pdf.

Other Products: Circulations of draft tax forms, instructions, notices, and publications are posted at: http://taxforms.web.irs.gov/draft products.html.

Comments: Please email, fax, call, or mail any comments by March 1, 2007.

Trene' D. Cheek Tax Law Specialist Specialty Business Forms and Pub Section SE:W:CAR:MP:T:T:SB NCFB C7-171

Phone: 202-283-2225 Fax: 202-283-4437

Email: trene.cheek@irs.gov

Major Changes

Page 1

-On lines 4b and 5b, we inserted (if foreign, see instructions). This change was requested by CC:TEGE:EOEG:ET1.

-Under line 9a, we removed the dashed upright lines from the input field for "Plan administrator" and "Trust". This change was requested by SE:W:CAS:AM:PPG:B.

-Under line 10, "Hired employees", we changed the line number reference in parenthesis to 13.

- -On line 14, we restated the question to read "Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? ☐ Yes ☐ No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")." This change was coordinated with SE:W:CAS:AM:PPG:B.
- -On line 16, we moved the "Retail" checkbox next to the "Wholesale-other" checkbox. This change creates adequate space to specify the principle activity when selecting the "Other" checkbox. This change was requested by SE:W:CAS:AM:PPG:B, The Social Security Administration and The U.S. Census Bureau.
- -On line 18, we restated the question to read, "Has the applicant entity shown on line 1 ever applied for and received an EIN?" This change was coordinated with SE:W:CAS:AM:PPG:B.

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- -Under the IF-AND-THEN chart for "Created a pension plan as a plan administrator," we added 5a and 5b. This change was requested by CC:TEGE:EOEG:ET1.
- -Under the IF-AND-THEN chart we made additional line number changes to correspond with page 1.

(Rev. July 2007)

Department of the Treasury

Application for Employer Identification Number

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

OMB No. 1545-0003 EIN

| Intern | al Reve | enue Service See separate instructions for each line. Reep a copy for your records. | | | |
|------------------|--|---|--|--|--|
| | 1 | Legal name of entity (or individual) for whom the EIN is being requested | | | |
| early. | 2 | Trade name of business (if different from name on line 1) 3 Executor, administrator, trustee, | "care of" name | | |
| or print clearly | 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.) | | |
| or pri | 4b | City, state, and ZIP code (if foreign, see instructions) 5b City, state, and ZIP code (if foreign) | ign, see instructions) | | |
| Type | 6 | County and state where principal business is located | | | |
| | 7a | Name of principal officer, general partner, grantor, owner, or trustor 7b SSN, ITIN, or EIN | | | |
| 8a | | nis application for a limited liability company (LLC) (or reign equivalent)? | e number of | | |
| 8c | If 8: | a is "Yes," was the LLC organized in the United States? | Yes No | | |
| 9a | | | | | |
| | | Sole proprietor (SSN) | t) | | |
| | | Partnership Plan administrator (TIN) | | | |
| | _ | Corporation (enter form number to be filed) ▶ ☐ Trust (TIN of grantor) | | | |
| | | Personal service corporation National Guard | State/local government | | |
| | | Church or church-controlled organization | Federal government/military | | |
| | | Other nonprofit organization (specify) ▶ ☐ REMIC ☐ | Indian tribal governments/enterprises | | |
| | | Other (specify) ► Group Exemption Number (| GEN) if any ▶ | | |
| 9b | | corporation, name the state or foreign country applicable) where incorporated State Foreign | country | | |
| 10 | Reason for applying (check only one box) ☐ Banking purpose (specify purpose) ▶ | | | | |
| | | ☐ Started new business (specify type) ► ☐ 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) ► | | | |
| 11 | Dat | e business started or acquired (month, day, year). See instructions. 12 Closing month of ac | | | |
| 40 | Lital | | r employment tax liability to be \$1 | | |
| 13 | • | | dar year? Yes No (If you | | |
| | , | | 0 or less in total wages in a full | | |
| 15 | Eiro | calendar year, you cate date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, en | | | |
| | non | resident alien (month, day, year) | | | |
| 16 | Che | eck one box that best describes the principal activity of your business. | | | |
| | | Construction Rental & leasing Transportation & warehousing Accommodation & food service | ce Wholesale-other Retail | | |
| 47 | الما | Real estate | de la constitución de la constit | | |
| 17 | inai | cate principal line of merchandise sold, specific construction work done, products produced, or ser | vices provided. | | |
| 18 | | s the applicant entity shown on line 1 ever applied for and received an EIN? Yes No 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 | | Designee's name | Designee's telephone number (include area code) | | |
| | rty | | () | | |
| Designee | | Address and ZIP code | Designee's fax number (include area code) | | |
| Under | penalti | es 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) | | |
| | | title (type or print clearly) ▶ | () | | |
| | | | Applicant's fax number (include area code) | | |
| Sian | ature | Date ▶ | () | | |
| 2.9.1 | | - | · / | | |

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Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document. See also the separate instructions for each line on Form SS-4.

| IF the applicant | AND | THEN |
|--|--|---|
| Started a new business | Does not currently have (nor expect to have) employees | Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-13 and 16-18. |
| Hired (or will hire) employees, including household employees | Does not already have an EIN | Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18. |
| Opened a bank account | Needs an EIN for banking purposes only | Complete lines 1–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18. |
| Changed type of organization | Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ² | Complete lines 1–18 (as applicable). |
| Purchased a going business ³ | Does not already have an EIN | Complete lines 1-18 (as applicable). |
| Created a trust | The trust is other than a grantor trust or an IRA trust ⁴ | Complete lines 1–18 (as applicable). |
| Created a pension plan as a plan administrator ⁵ | Needs an EIN for reporting purposes | Complete lines 1, 3, 4a-5b, 9a, 10, and 18. |
| Is a foreign person needing an EIN to comply with IRS withholding regulations | Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶ | Complete lines 1–5b, 7a–b (SSN or ITIN optional), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18. |
| Is administering an estate | Needs an EIN to report estate income on Form 1041 | Complete lines 1–6, 9a, 10–12, 13–17 (if applicable), and 18. |
| Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.) | Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons | Complete lines 1, 2, 3 (if applicable), 4a–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10 and 18. |
| Is a state or local agency | Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷ | Complete lines 1, 2, 4a-5b, 9a, 10 and 18. |
| Is a single-member LLC | Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns, or for state reporting purposes ⁸ | Complete lines 1–18 (as applicable). |
| Is an S corporation | Needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹ | Complete lines 1–18 (as applicable). |

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

² However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also Household employer on page 4. Note. State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ Most LLCs do not need to file Form 8832. See Limited liability company (LLC) on page 4 for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.