

Note: The draft you are looking for begins on the next page.

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Most forms and publications have a page on IRS.gov: IRS.gov/Form1040 for Form 1040; IRS.gov/Pub501 for Pub. 501; IRS.gov/W4 for Form W-4; and IRS.gov/ScheduleA for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at IRS.gov/FormsComments. Include "NTF" followed by the form or pub number (for example, "NTF1040", "NTFW4", "NTF501, etc.) in the body of the message to route your message properly. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product, but we will review each "NTF" message. If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click here.

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
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EIN

Depa	artment	of the Treas	See separate instructions for each li			
inter	nai Reve	enue Service	Go to www.irs.gov/FormSS4 for instraction of entity (or individual) for whom the EIN is bei			
	•	Logarno	and of charty (of marviadal) for whom the Envis bor	ng requested		
erly.	2	Trade na	ame of business (if different from name on line 1)	3 Exe	ecutor, administrator, trustee,	"care of" name
nt cle	4a	Mailing	address (room, apt., suite no. and street, or P.O. b	ox) 5a Stre	eet address (if different) (Don	't enter a P.O. box.)
Type or print clearly	4b	City, sta	ite, and ZIP code (if foreign, see instructions)	5b City	y, state, and ZIP code (if fore	ign, see instructions)
be	6	County	and state where principal business is located	•		
	7a	Name o	f responsible party	M	7b SSN, ITIN, or EIN	ISE
8a	ls th	his applic	ation for a limited liability company (LLC)		8b If 8a is "Yes," enter	the number of
	(or a	a foreign	equivalent)? \square Yes	☐ No	LLC members	
8c	If 8a	a is "Yes,	" was the LLC organized in the United States? .			Yes No
9a	Тур	e of enti	ty (check only one box). Caution: If 8a is "Yes," se	e the instruct	ions for the correct box to ch	neck.
		Sole pro	prietor (SSN)		☐ Estate (SSN of deceden	nt)
		Partners	hip		☐ Plan administrator (TIN)	
		Corpora	tion (enter form number to be filed)		☐ Trust (TIN of grantor)	
		Persona	service corporation		☐ Military/National Guard	State/local government
		Church o	or church-controlled organization		☐ Farmers' cooperative	Federal government
		Other no	onprofit organization (specify)		REMIC	Indian tribal governments/enterprises
		Other (sp	pecify)		Group Exemption Number (GEN) if any
9b			on, name the state or foreign country (if s/here incorporated	tate	Foreign	n country
10	Rea	ason for a	applying (check only one box)	Banking pu	rpose (specify purpose)	
	☐ Started new business (specify type) ☐ Changed type of organization (specify new type)					
				Purchased	going business	
		Hired en	nployees (Check the box and see line 13.)	Created a t	rust (specify type)	
		Complia	nce with IRS withholding regulations	Created a p	pension plan (specify type)	
		Other (sp	pecify)			
11	Dat	e busines	s started or acquired (month, day, year). See instru	uctions.	12 Closing month of ac	counting year
					14 Reserved for future ι	use
13	High	hest numb	per of employees expected in the next 12 months (enter	er -0- if none).		
		Agricu	Itural Household Oth	ier		
15			ages or annuities were paid (month, day, year). I alien (month, day, year)	Note: If appli		enter date income will first be paid to
16	Che	eck one bo	ox that best describes the principal activity of your bu		Health care & social assistant	ce Wholesale-agent/broker
		Construc	tion 🔲 Rental & leasing 🔲 Transportation & ware	ehousing \Box	Accommodation & food servi	ce 🗌 Wholesale-other 🗌 Retail
		Real esta	ate 🗌 Manufacturing 🔲 Finance & insuranc	ce 🗌	Other (specify)	
17	Indi	icate prind	cipal line of merchandise sold, specific constructio	n work done,	products produced, or servi	ces provided.
18	Has	s the appl	icant entity shown on line 1 ever applied for and re	ceived an EIN	N? Yes No	
	If "\		e previous EIN here			
		Con	nplete this section only if you want to authorize the named	d individual to re	eceive the entity's EIN and answe	er questions about the completion of this form.
Thi		Des	signee's name			Designee's telephone number (include area code)
Pai	_					
De	signe	e Add	dress and ZIP code			Designee's fax number (include area code)
Unde	er penalti	ies of perjury	, I declare that I have examined this application, and to the best of m	y knowledge and I	belief, it is true, correct, and complete.	Applicant's telephone number (include area code
Nan	ne and	title (type c	or print clearly)			
						Applicant's fax number (include area code)
Sign	ature				Date	

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Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document. 1 See also the separate instructions for each line on Form SS-4.

IF the applicant	AND	THEN
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-13, and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a–6, 7a–b, 8a, 8b–c (if applicable), 9a, 9b (if applicable), and 10–18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1–5b, 7a–b, 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	doesn't 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, 7a-b, 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 as applicable), 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 1–7b, 9a, 10–12, 13–17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, 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, 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, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	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 doesn't have employees.

- ³ Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.
- ⁴ However, grantor trusts that don't 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 agent in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.
- ⁸ See *Disregarded entities* in the instructions 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.

² However, don't 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).