

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

(Rev. February 1991)
Department of the Treasury
Internal Revenue Service

ETN

OMB No. 1545-0047

▶ Keep a copy for your records.

1 Name of applicant (legal name) (see instructions)

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

4b City, state, and ZIP code

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITN may be required (see instructions) ▶ **Officer Social Security No.**
Name of Officer and Title

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) _____

Partnership Personal service corp.

REMIC National Guard

State/local government Farmers' cooperative

Church or church-controlled organization

Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Other corporation (specify) ▶ **501(c)(3) Exempt Nonprofit**

Trust

Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Iowa	Foreign country	—
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9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ **501(c)(3) Exempt Nonprofit**

Banking purpose (specify purpose) ▶ _____

Changed type of organization (specify new type) ▶ _____

Purchased going business

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ▶ _____

Created a trust (specify type) ▶ _____

Other (specify) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions)
(Date of incorporation)

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **H/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶

Nonagricultural	0	Agricultural	0	Household	0
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14 Principal activity (see instructions) ▶ **Educational, charitable, religious or scientific purposes**

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶ _____

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) ▶ _____

Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above

Legal name ▶ _____ Trade name ▶ _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined the application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ _____

Business telephone number (include area code) _____

Fax telephone number (include area code) _____

Signature ▶ _____ Date ▶ _____

Note: Do not write below this line. For official use only.

Please leave	Geo.	Ind.	Class	Size	Reason for applying