

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)
▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Your 4-H Club							
	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) Your Extension Unit Address	5a Street address (if different) (Don't enter a P.O. box.)						
	4b City, state, and ZIP code (if foreign, see instructions) Your Extension Unit City, State, Zip	5b City, state, and ZIP code (if foreign, see instructions)						
	6 County and state where principal business is located Your Extension Unit Name & State							
	7a Name of responsible party Your Extension Unit Name	7b SSN, ITIN, or EIN Your Extension Council EIN						
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members ▶						
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No								
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"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ Starting 4-H Club								
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input checked="" type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises 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"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____								
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <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 Sept/Club or Dec/Council							
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	<table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Agricultural	Household	Other			
			Agricultural	Household	Other			
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 generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>								
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) ▶								
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"/> Health care & social assistance <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) ▶ Education <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. Youth Development Education								
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶								
Third Party Designee	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.							
	Designee's name	Designee's telephone number (include area code)						
	Address and ZIP code	Designee's fax number (include area code)						
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.		Applicant's telephone number (include area code)						
Name and title (type or print clearly) ▶ Printed Name of Local Extension Agent		Phone						
Signature ▶ Agent's Signature	Date ▶ Date	Applicant's fax number (include area code)						
		Fax						