

EIN applications can be submitted online. Form SS-4 must be completed prior to the online application in order to obtain the employer's signature

Record the EIN once it is obtained. This box is left blank until the EIN is received

**Form SS-4** 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  
 (Rev. December 2019)  
 Department of the Treasury  
 Internal Revenue Service  
 Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
 See separate instructions for each line. Keep a copy for your records.

**EIN**

**1** Legal name of entity (or individual) for whom the EIN is being requested  
 Participant or Representative Name, HCSR

**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)  
 F/EA Mailing Address

**5a** Street address (if different) (Don't enter a P.O. box.)  
 Participant or Representative Physical Address

**4b** City, state, and ZIP code (if foreign, see instructions)  
 F/EA City, State, ZIP

**5b** City, state, and ZIP code (if foreign, see instructions)  
 Participant or Representative City, State, ZIP

**6** County and state where principal business is located  
 Participant or Representative County and State

**7a** Name of responsible party  
 Participant or Representative Name, HCSR (matches Line 1)

**7b** SSN, ITIN, or EIN  
 Participant or Representative SSN

**8a** Is this application for a limited liability company (LLC) (or a foreign equivalent)?  Yes  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?  Yes  No

**9a** Type of entity (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.

Sole proprietor (SSN)  Estate (SSN of decedent)  
 Partnership  Plan administrator (TIN)  
 Corporation (enter form number to be filed)  Trust (TIN of grantor)  
 Personal service corporation  Military/National Guard  State/local government  
 Church or church-controlled organization  Farmers' cooperative  Federal government  
 Other nonprofit organization (specify)  REMIC  Indian tribal governments/enterprises  
 Other (specify)  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)

Started new business (specify type)  Banking purpose (specify purpose)  
 Hired employees (Check the box and see line 13.)  Changed type of organization (specify new type)  
 Compliance with IRS withholding regulations  Purchased going business  
 Other (specify)   Created a trust (specify type)  
 Created a pension plan (specify type)

**11** Date business started or acquired (month, day, year). See instructions.  
 Date HCSR started program with F/EA

**12** Closing month of accounting year

**13** Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

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.

**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.

Construction  Rental & leasing  Transportation & warehousing  Health care & social assistance  Wholesale-agent/broker  
 Real estate  Manufacturing  Finance & insurance  Accommodation & food service  Wholesale-other  Retail  
 Other (specify)

**17** Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  
 HCSR

**18** Has the applicant entity shown on line 1 ever applied for and received an EIN?  Yes  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)   
 F/EA Staff Name  F/EA Phone #   
 Address and ZIP code  Designee's fax number (include area code)   
 F/EA Address  F/EA Fax #

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)  Applicant's fax number (include area code)

Signature  Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2019)

Employer can be the participant or a representative serving as the employer. After employer name, enter "HCSR"

Leave Line 2 blank

Participant employer should not be established as an LLC or Corporation

Leave Line 9b blank

Leave Box 14 unchecked

Enter 0 in all boxes. Do not enter any other numbers in these boxes

In most cases, "no" should be checked

Individual listed in Box 1 should sign, date and print name, telephone and fax (if applicable). Exceptions:

- 1) Court appointed guardians representing individuals listed in Box 1 should sign, date and attach a copy of the court appointed guardianship paperwork with court seal visible.
- 2) Parents of minors listed in Box 1 should list their name, a title of "Parent of Minor, (name of individual listed in Box 1)" and include the parent SSN along with the parent signature. The parent SSN is required for a minor to obtain an EIN.

### Example IRS Form SS-4

Used to Obtain a Federal Employer Identification Number for a Participant Hiring Employees and Using a Fiscal/Employer Agent