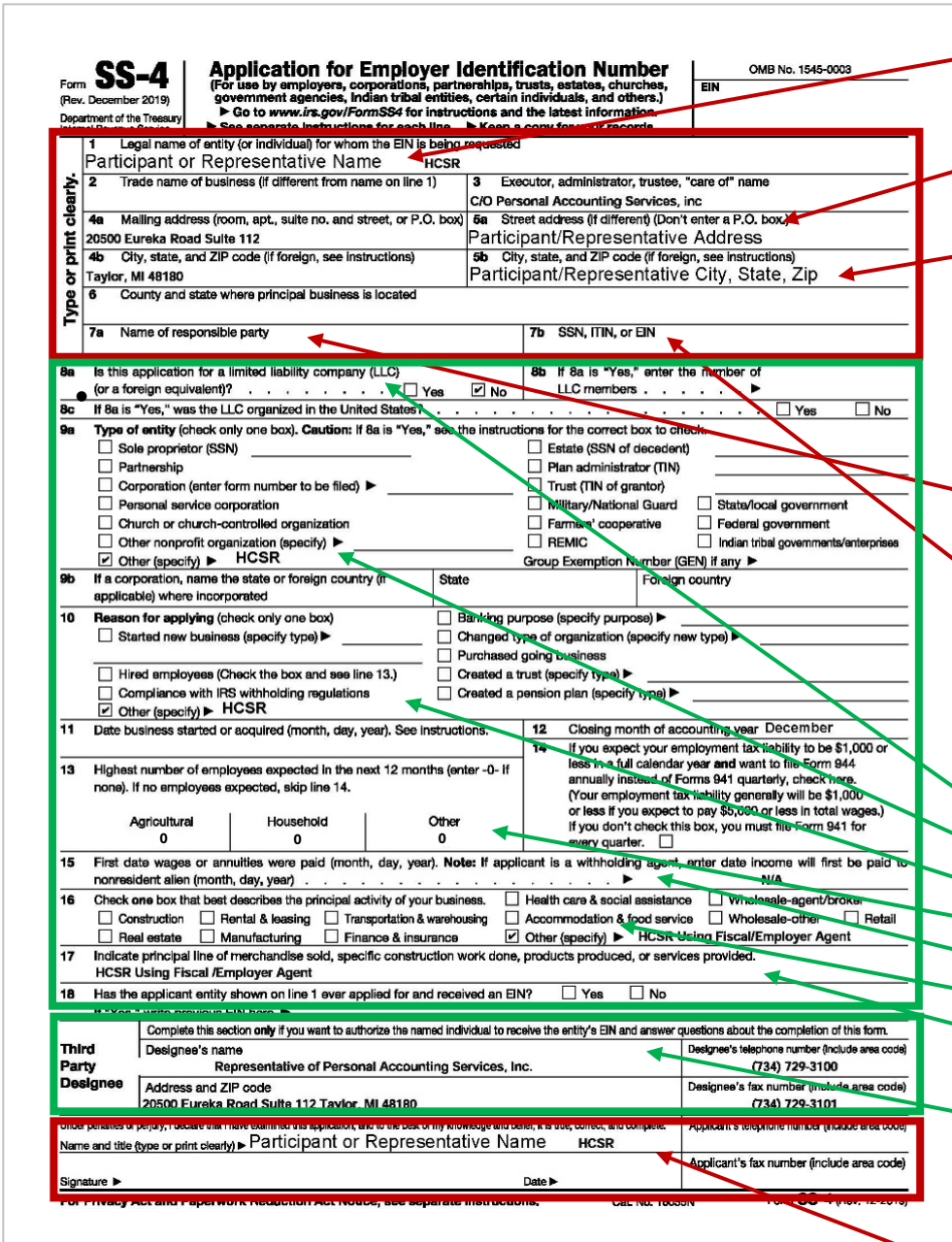


The **IRS Form SS-4** is used to obtain a Federal Employer Identification Number for a participant hiring Direct Care Professionals (employees) and using a fiscal/employer agent (or "FEA").



SS-4 Application for Employer Identification Number
OMB No. 1545-0003
Form (Rev. December 2019)
Department of the Treasury

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)
C/O Personal Accounting Services, inc

3 Executor, administrator, trustee, "care of" name
C/O Personal Accounting Services, inc

4a Mailing address (room, apt., suite no. and street, or P.O. box)
20500 Eureka Road Suite 112

4b City, state, and ZIP code (if foreign, see instructions)
Taylor, MI 48180

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

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

6 County and state where principal business is located

7a Name of responsible party

7b SSN, ITIN, or EIN

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

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) HCSR Created a trust (specify type)
 Created a pension plan (specify type)

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year December

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

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) N/A

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 Other (specify) HCSR Using Fiscal/Employer Agent Wholesale-other Retail

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HCSR Using Fiscal /Employer Agent

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No

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 Representative of Personal Accounting Services, Inc. Designee's telephone number (include area code) (734) 729-3100
Address and ZIP code 20500 Eureka Road Suite 112 Taylor, MI 48180 Designee's fax number (include area code) (734) 729-3101

Signature Participant or Representative Name HCSR
Date

Participant/representative to complete:

- Box 1:** Participant/representative name
- Box 5a:** Participant/representative address
- Box 5b:** Participant/representative city, state, zip

Boxes 3, 4a,4b will be pre-filled.

Participant/representative to complete:

- Box 7a:** Must be completed with same name as Box 1
- Box 7b:** Participant/representative Social Security Number (SSN)

Fiscal/employer agent will have pre-checked boxes:

- 8a
- 9a
- 10
- 13 (Should be 0 in each spot)
- 15
- 16
- 17

Fiscal/employer agent will complete **Third Party Designee** section.

Participant/representative must complete, sign and date.

Note: The FEA will always apply for the Employer Identification Numbers (EINs) on behalf of the participant.