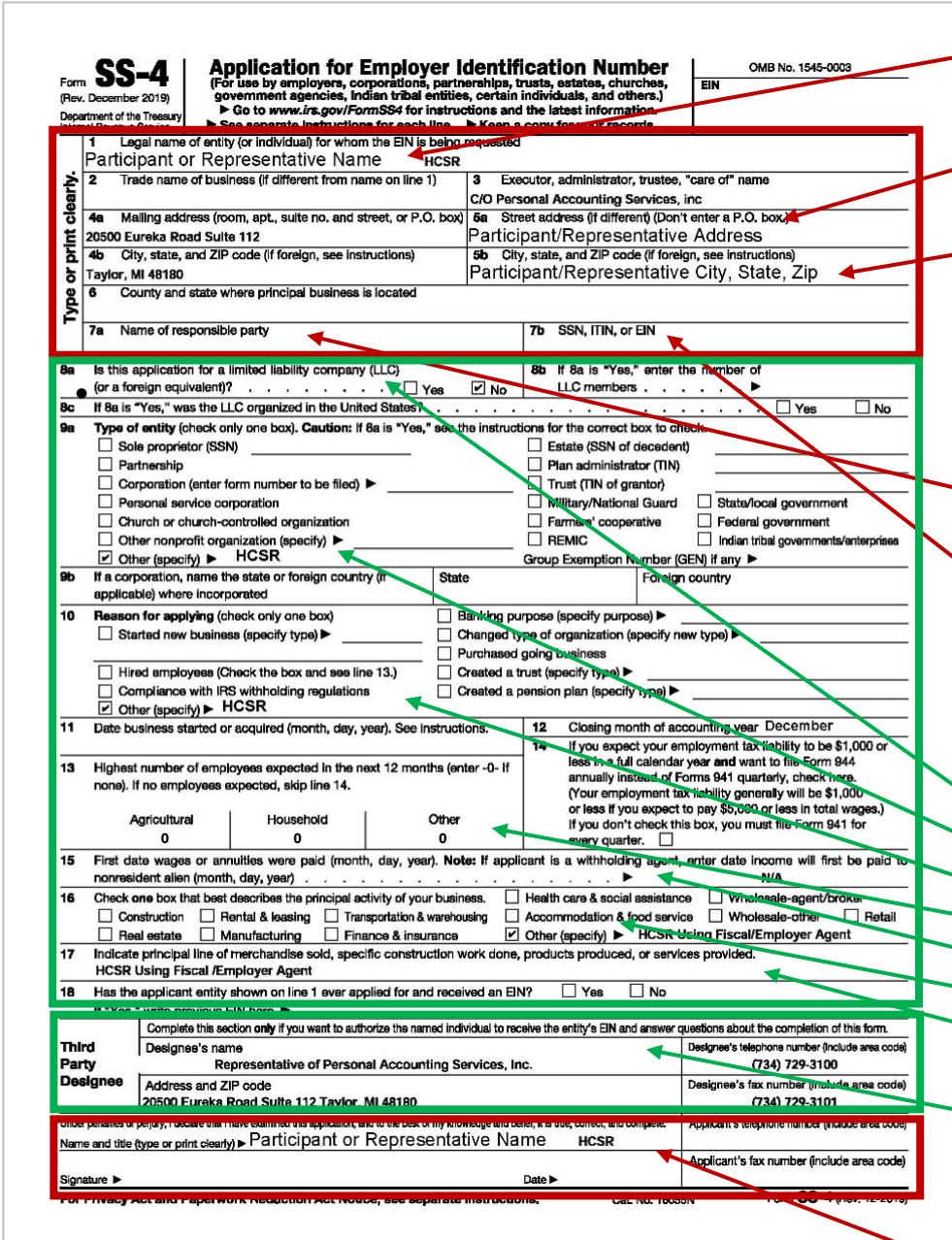


The **IRS Form SS-4** is used to obtain a Federal Employer Identification Number for a participant hiring Direct Care Professionals (employees) and using a fiscal/employer agent (or "FEA").



**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

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

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

**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)  REMIC  Federal government  
Group Exemption Number (GEN) if any  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)  Created a trust (specify type)  
HCSR  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)  Wholesale-other  Retail  
HCSR Using Fiscal/Employer Agent

**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.