

Form <b>SS-4</b> (Rev. February 1998) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ► <b>Keep a copy for your records.</b>				EIN  OMB No. 1545-0003																
Please type or print clearly.	<b>1</b> Name of applicant (legal name) (see instructions)																				
	<b>2</b> Trade name of business (if different from name on line 1)			<b>3</b> Executor, trustee, "care of" name																	
	<b>4a</b> Mailing address (street address) (room, apt., or suite no.)			<b>5a</b> Business address (if different from address on lines 4a and 4b)																	
	<b>4b</b> City, state, and ZIP code			<b>5b</b> City, state, and ZIP code																	
	<b>6</b> County and state where principal business is located																				
	<b>7</b> Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►																				
	<b>8a</b> Type of entity (Check only one box.) (see instructions) <b>Caution:</b> If applicant is a limited liability company, see the instructions for line 8a. <table><tr><td><input type="checkbox"/> Sole proprietor (SSN) _____</td><td><input type="checkbox"/> Estate (SSN of decedent) _____</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Personal service corp. _____</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> Plan administrator (SSN) _____</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> National Guard</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Other corporation (specify) ► _____</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ► _____</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Other (specify) ► _____</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td colspan="2"><input type="checkbox"/> (enter GEN if applicable) _____</td></tr></table>						<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp. _____	<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator (SSN) _____	<input type="checkbox"/> State/local government	<input type="checkbox"/> National Guard	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Other corporation (specify) ► _____	<input type="checkbox"/> Other nonprofit organization (specify) ► _____	<input type="checkbox"/> Trust	<input type="checkbox"/> Other (specify) ► _____	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> (enter GEN if applicable) _____
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<input type="checkbox"/> (enter GEN if applicable) _____																					
<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated			State	Foreign country																	
<b>9</b> Reason for applying (Check only one box.) (see instructions) <table><tr><td><input type="checkbox"/> Started new business (specify type) ► _____</td><td><input type="checkbox"/> Banking purpose (specify purpose) ► _____</td></tr><tr><td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td><td><input type="checkbox"/> Changed type of organization (specify new type) ► _____</td></tr><tr><td><input type="checkbox"/> Created a pension plan (specify type) ► _____</td><td><input type="checkbox"/> Purchased going business</td></tr><tr><td></td><td><input type="checkbox"/> Created a trust (specify type) ► _____</td></tr><tr><td></td><td><input type="checkbox"/> Other (specify) ► _____</td></tr></table>						<input type="checkbox"/> Started new business (specify type) ► _____	<input type="checkbox"/> Banking purpose (specify purpose) ► _____	<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ► _____	<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Created a trust (specify type) ► _____		<input type="checkbox"/> Other (specify) ► _____						
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<b>10</b> Date business started or acquired (month, day, year) (see instructions)			<b>11</b> Closing month of accounting year (see instructions)																		
<b>12</b> First date wages or annuities were paid or will be paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ►																					
<b>13</b> Highest number of employees expected in the next 12 months. <b>Note:</b> If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►			Nonagricultural	Agricultural	Household																
<b>14</b> Principal activity (see instructions) ►																					
<b>15</b> Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," principal product and raw material used ►																					
<b>16</b> To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►																					
<b>17a</b> Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Note:</b> If "Yes," please complete lines 17b and 17c.																					
<b>17b</b> 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 ►																					
<b>17c</b> 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 this application, and to the best of my knowledge and belief, it is true, correct, and complete.				Business telephone number (include area code)																	
				Fax telephone number (include area code)																	
Name and title (Please type or print clearly.) ►																					
Signature ► Date ►																					
<b>Note:</b> Do not write below this line. For official use only.																					
Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying																

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