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Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN _____
OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested
4-H Clubs & Affiliated 4-H Organizations state "4 dash H"

2 Trade name of business (if different from name on line 1)
(club name)

3 Executor, trustee, "care of" name
(club leader)

4a Mailing address (room, apt., suite no. and street, or P.O. box)
(leader's address)

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
↓

5b City, state, and ZIP code

6 County and state where principal business is located
Chautaugua County, NY

7a Name of principal officer, general partner, grantor, owner, or trustee

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

Sole proprietor (SSN) _____

Partnership

Corporation (enter form number to be filed) ▶ _____

Personal service corp.

Church or church-controlled organization

Other nonprofit organization (specify) ▶ 4-H organization Group Exemption Number (GEN) ▶ 2704

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Trust (SSN of grantor) _____

National Guard State/local government

Farmers' cooperative Federal government/military

REMIC Indian tribal governments/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State _____ Foreign country _____

9 Reason for applying (check only one box)

Started new business (specify type) ▶ _____

Hired employees (Check the box and see line 12.)

Compliance with IRS withholding regulations

Other (specify) ▶ _____

Banking purpose (specify purpose) ▶ checking/savings

Changed type of organization (specify new type) ▶ _____

Purchased going business

Created a trust (specify type) ▶ _____

Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
(when club formed)

11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter "-0-." ▶

Agricultural _____ Household _____ Other _____

14 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) 4-H program activities/educational

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
4-H program activities/educational

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶ _____ Trade name ▶ _____

16c 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 _____

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.

Third Party Designee

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.

Name and title (type or print clearly) ▶ (leader)

Signature ▶ _____ Date ▶ (date)

Applicant's telephone number (include area code) _____

Applicant's fax number (include area code) _____

Call 1-800-829-4933 (7am-10pm). The IRS representative will go through the form with you and give you the EIN. They do not require a signed copy.