

Application for Employer Identification Number

Department of the Treasury
Internal Revenue Service

(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

Type or print clearly.

1	Legal name of entity (or individual) for whom the EIN is being requested CLUB / GROUP NAME		
2	Trade name of business (if different from line 1) (Usually blank)	3	Executor, administrator, or trustee (Principle contact)
4a	Mailing address (room, apt., suite, or P.O. box)	5a	Street address (if different from line 4a)
4b	City, state, and ZIP code (if foreign, include country)	5b	City, state, and ZIP code (if foreign, include country)
6	County and state where principal business is located		

Fill in all fields as needed, or per the tips provided

Your club name should be specific either through a unique name or by identifying the county as well. EXAMPLES: Share-N-Win 4-H Club (unique name); Calvert County 4-H Horse Club (generic name with county)

7a	Name of principal officer, general partner, grantor, owner, or trustor LEAVE BLANK	7b	SSN, ITIN, or EIN LEAVE BLANK
----	--	----	---

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.

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN) _____
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (TIN of grantor) _____
<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input checked="" type="checkbox"/> Other (specify) ▶ 4-H Clubs & Affiliated 4-H Organizations	Group Exemption Number (GEN) if any ▶ 2704

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State SKIP	Foreign country SKIP
----------------------	--------------------------------

10 **Reason for applying** (check only one box)

<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 13.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input checked="" type="checkbox"/> Other (specify) ▶ Starting 4-H Club or Starting 4-H Organization	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

This is typically "yes"

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

12 Closing month of accounting year

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural 0*	Household 0*	Other 0*
---------------------------	------------------------	--------------------

These entries are typically "0"

14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? Yes No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")

15 First date wages or annuities were paid (month, day, year) _____ (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 business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input checked="" type="checkbox"/> Other (specify) Education	<input type="checkbox"/> Retail

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
Youth Development and education

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 _____
	Designee's name _____
	Address and ZIP code _____

Under penalties of perjury, I declare that I have examined this application and the information provided and I declare that the information is true and correct.

Name and title (type or print clearly) ▶ _____

Signature ▶ _____

This is a SAMPLE SS-4 form for those 4-H CLUBS & AFFILIATED ORGANIZATIONS applying for an EIN and wishing to be included under the National 4-H Group Exemption.

Questions?
Contact your state 4-H program office, visit <http://www.national4-hheadquarters.gov> or email 4-H_tax_info@csrees.usda.gov