

EINs can now be applied for online. However, Form SS-4 must be completed prior to online application in order to obtain participant signature.

Record EIN here when received. This box is left blank until EIN is received.

Employer can be participant or representative serving as employer. After employer name, enter "HCSR."

Leave Line 2 blank.

Participant employer should generally not be established as an LLC or corp.

Leave 9b blank.

As a default, leave Box 14 unchecked.

Enter 0 in all boxes. Do not enter any other number in these boxes.

In most cases, "no" should be checked.

Form **SS-4** Application for Employer Identification Number
 (Rev. January 2010)
 Department of the Treasury Internal Revenue Service

OMB No. 1545-0003

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.

Type or print clearly.

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)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street or P.O. box)
Mailing address of F/EA

5a Street address (if different) (Do not enter a P.O. box)
Physical address of participant or representative

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

5b City, state, and ZIP code (if foreign, see instructions)
City, state, and ZIP of participant or representative

6 County and state where principal business is located
County and state of participant or representative

7a Name of responsible party
Same as Line 1

7b SSN, ITIN, or EIN
SSN of participant or representative

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 0

9c 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.

Sole proprietor (SSN)
 Partnership
 Corporation (enter form number to be filed)
 Personal service corporation
 Church or church-controlled organization
 Other nonprofit organization (specify)
 Other (specify) **HCSR**

Estate (SSN of decedent)
 Plan administrator (TIN)
 Trust (TIN of grantor)
 National Guard
 State/local government
 Federal government/military
 Farmers' cooperative
 REMIC
 Indian tribal government/enterprise
 Group Exemption Number (GEN) (if any)

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) Changing purpose (specify purpose)
 Changed type of organization (specify new type)
 Purchased going business
 Hired employees (Check the box and see line 13.)
 Compliance with IRS withholding regulations
 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.
Date HCSR started program with F/EA

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 \$4,000 or less in total wages.) If you do not 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
 Real estate Manufacturing Finance & insurance Other (specify) **HCSR**

Health care & social assistance
 Accommodation & food service
 Wholesale-retail
 Information-agent/broker
 Wholesale-retail Retail

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HCSR

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No
 If "Yes," write previous EIN here _____

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the designation of this form.

Third Party Designee

Designer's name
F/EA Staff Person

Designer's telephone number (include area code)
(FEA) Phone #

Address and ZIP code
F/EA Address

Designer's fax number (include area code)
(FEA) Fax

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) **Name on Line 1 or Legal Guardian**

Signature _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 19055N Form **SS-4** (Rev. 1-2010)

Individual listed in Box 1 should sign, date and print name, telephone and fax (if applicable) here. An exception is if a guardian for the individual listed in Box 1 has been court appointed. If a guardian for the person listed in Box 1 has been court appointed, guardian should sign, date and attach copy of court appointed guardianship papers with court seal visible.

Example IRS Form SS-4
Used to Obtain Federal Employer Identification Number for a Participant Hiring Employees and Using a Fiscal/Employer Agent