



Form SS-4 Instructions

Purpose of form: Form SS-4 is used to apply for the Consumer's FEIN (Federal Employer Identification Number). The FEIN is required for tax filing and reporting purposes.

Top Section

1. In box 1 Legal name of entity (or individual) for whom the EIN is being requested, write the Consumer's name.
 2. In box 5a, write Consumer's street address. P.O. boxes are not allowed.
 3. In box 5b, write Consumer's city, state, and ZIP code.
 4. In box 7a, write the Consumer's name.
 5. In box 7b SSN, ITIN, or EIN, write the Consumer's Social Security number.
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Bottom Section

6. In Name and title box, write the Consumer or Guardian's full name.
7. In Applicant's telephone number box, write the Consumer or Guardian's phone number including area code.
8. In Signature box, the Consumer or Guardian signs his or her name. In Date box, write today's date.



Choice. With Confidence.

Sample Form SS-4

Top Section:

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| Form SS-4 (Rev. December 2019) 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.) ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records. | | OMB No. 1545-0003 EIN | 1. Write Consumer name. |
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested John Doe | | 3 Executor, administrator, trustee, "care of" name HCSR | | 2. Write Consumer street address. |
| | 2 Trade name of business (if different from name on line 1) | | 4a Mailing address (room, apt., suite no. and street, or P.O. box.) 2020 W WELLS STREET | | 3. Write Consumer city, state and ZIP code. |
| | 4b City, state, and ZIP code (if foreign, see instructions) MILWAUKEE WI 53233 | | 5a Street address (if different) (Don't enter a P.O. box.) 1234 Main Street | | |
| | 6 County and state where principal business is located MILWAUKEE COUNTY WI | | 5b City, state, and ZIP code (if foreign, see instructions) Raleigh NC XXXXX | | 4. Write Consumer name. |
| | 7a Name of responsible party John Doe | | 7b SSN, ITIN, or EIN XXX-XX-XXXX | | 5. Write Consumer Social Security number. |

Bottom Section:

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| 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. | | Applicant's telephone number (include area code) XXX-XXX-XXXX | | 6. Write Consumer name. |
| Name and title (type or print clearly) ▶ John Doe | | Title: HCSR | | 7. Write Consumer phone number. |
| Signature ▶ | | Date ▶ MM/DD/YYYY | | |
| For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. | | Cat. No. 16055N | Form SS-4 (Rev. 12-2019) | 8. Consumer signs and dates. |