

# 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 <b>CLUB / GROUP NAME</b>	3	Executor, administrator, or trustee <b>(Principle contact)</b>
2	Trade name of business (if different from line 1) <b>(Usually blank)</b>	4b	City, state, and ZIP code (if foreign)
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)	5b	City, state, and ZIP code (if different from line 4b)
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 <b>LEAVE BLANK</b>	7b	SSN, ITIN, or EIN <b>LEAVE BLANK</b>
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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) ▶ <b>4-H Clubs &amp; Affiliated 4-H Organizations</b>	Group Exemption Number (GEN) if any ▶ <b>2704</b>

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

State <b>SKIP</b>	Foreign country <b>SKIP</b>
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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) ▶ <b>Starting 4-H Club or Starting 4-H Organization</b>	<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 <b>0*</b>	Household <b>0*</b>	Other <b>0*</b>
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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) of applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) **(Usually skipped)**

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) <b>Education</b>	<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

<b>Third Party Designee</b>	Complete this section <b>only</b> if designee is not the principal officer, general partner, grantor, owner, or trustor.
	Designee's name
	Address and ZIP code

Under penalties of perjury, I declare that I have examined the information on this form and I believe it is true and correct. I am aware that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including penalties and civil damages).

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 National 4-H Headquarters, USDA at (202) 720-2908 or [4-H\\_tax\\_info@csrees.usda.gov](mailto:4-H_tax_info@csrees.usda.gov), or visit <http://www.national4-hheadquarters.gov>