



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 7b SSN, ITIN, or EIN, write the Consumer's Social Security number.
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Bottom Section

3. In Name and title box, write the Consumer or Guardian's full name.
4. In Applicant's telephone number box, write the Consumer or Guardian's phone number including area code.
5. 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:

Form SS-4 (Rev. January 2010) 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.		OMB No. 1545-0003 EIN	
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested John Doe		HCSR		1. Write Consumer name.
	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) 2020 W. Wells St.		5a Street address (if different) (Do not enter a P.O. box.)		
	4b City, state, and ZIP code (if foreign, see instructions) Milwaukee, WI 53233		5b City, state, and ZIP code (if foreign, see instructions)		
	6 County and state where principal business is located Milwaukee County, WI				
	7a Name of responsible party		7b SSN, ITIN, or EIN XXX-XX-XXXX		2. Write Consumer Social Security Number.
	Bottom Section:				
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		4. Write Consumer phone number.
Name and title (type or print clearly) ▶ John Doe		Title: HCSR			
Signature ▶		Date ▶ MM/DD/YYYY		5. Consumer signs and dates.	
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Cat. No. 16055N Form SS-4 (Rev. 1-2016)			