SS-4
Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches, government organizations, Indian tribal entities, certain individuals, and others.)
CMB No. 1545-0003

Department of the Treasury
Internal Revenue Service

1. Legal name of entity (or individual) for whom the EIN is being requested
   CLUB/GROUP NAME

2. Trade name of business (if different) (Usually blank)

3. Executor, administrator (Principle contact) (Usually blank)

4a. Mailing address (comm. act., suite, building)

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

5a. Street address if different

5b. City, state, and ZIP code

6. County and state where principal business is located

7a. Name of principal officer, general partner, grantor, owner, or trustee

7b. SSN, ITIN, or EIN

8a. Is this application for a limited liability company (LLC) for a foreign equivalent?
   Yes ☐ No ☐

8b. If Yes, enter the number of LLC members

8c. If Yes, was the LLC organized in the United States?
   Yes ☐ No ☐

9a. Type of entity (check only one box) Caution: If 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
   4-H Clubs & Affiliated 4-H Organizations

State (SSN of decedent) Planned administrator (TIN) Trust (TIN of grantor)
National Guard Farmers' cooperative
Federal government/military Farmers' cooperative
Indian tribal governments/entities

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

10. Reason for applying (check only one box)
   □ Started new business (specify type)
   □ Purchased going business
   □ Compliance with IRS withholding regulations (specify type)
   □ Other (specify) □ Starting 4-H Club or Starting 4-H Organization
   □ Banking purpose (specify purpose)
   □ Changed type of organization (specify new type)
   □ Created a trust (specify type)

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

12. Closing month of accounting

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

14. Do you expect your employment 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 the full calendar year, you can mark "Yes.")

15. First date wages or annuities were paid (month, day, year)
    Nonresident alien (month, day, year)

16. Check one box that best describes the principal business activity.
   □ Construction □ Rental & leasing □ Transportation & warehousing
   □ Real estate □ Manufacturing □ Finance & insurance
   □ Health care & social assistance □ Accommodation & food service □ Wholesale-Other
   □ Education

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 ☐
   (If Yes, write previous EIN here)

Third Party Designee
Complete this section only if you are neither the principal owner of the business nor the person for whom EIN is being requested

Name and title (type or print clearly)

Under penalties of perjury, I declare that I have examed
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.national4hheadquarters.gov or email 4-H_tax_info@csrees.usda.gov

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.