

Form SS-4 Application for Employer Identification Number (EIN)



Note: Form SS-4 begins on the next page of this document.

1.	Legal name of entity (or individual) for whom the EIN is being requested: Insert the club name, be sure that "4-H" and your county name is included. Example: Clever Clover 4-H Club of Brookings County						
3.	Executor, administrator, trustee, "care of" name: First and last name of volunteer leader of club, group, etc.						
4a and 4b.	Mailing address: Enter your county office mailing address; PO Box is okay						
5a and 5b.	. Street address: Enter your county office street (physical) address if different from your mailing address; do not enter a PO Box						
6.	County and state where principal business is located: Enter your county office physical address						
7a.	Name of responsible party: First and last name of your County 4-H Youth Program Advisor						
8a.	Is this application for a limited liability company (LLC) (or a foreign equivalent)?: Check box indicating No						
9a.	Type of entity: Select Other and enter "South Dakota State University"						
10.	Reason for applying: Select Banking purpose and enter "Checking Account"						
11.	Date business started or acquired (month, day, year): Example January 30, 2017						
12.	Closing month of accounting year: Enter "August 31"						
14.	If you expect your employment tax liability to be \$1,000 or less: Check box						
16.	Principal activity of your business: Select Other and enter "4-H Club – Education"						
17.	Indicate principal line of merchandise sold: Enter "None – 4-H Club expenses and fundraising income – Youth Development and Education"						
18.	Has the applicant shown on line 1 ever applied for and received an EIN: Check box indicating No						
Third Party	Your county is both the Designee and Applicant - enter name and title of your County 4-H Youth						
Designee	Program Advisor, your county office physical address, your county telephone number and fax number. Sign and Date the Third Party Designee.						
Send to	Internal Revenue Service, Attn: EIN Operation, Cincinnati, OH 45999 or fax to 855-641-6935 (do not submit online through the IRS website)						

SDSU Extension is an equal opportunity provider and employer in accordance with the nondiscrimination policies of South Dakota State University, the South Dakota Board of Regents and the United States Department of Agriculture.

Learn more at iGrow.org.

Publication: 01-4050-2018

_	SS	-4 Ar	oplication for E	Employer I	dentifi	icati	on Number	OMB No. 1545-0003	
Depar	December rtment of the al Revenue	r 2017) go	r use by employers, co vernment agencies, Inc Go to <i>www.irs.gov/Fol</i> ee separate instruction	dian tribal entities mSS4 for instruc	s, certain i ctions and	individ the la	uals, and others.) test information.	EIN	
Interna			y (or individual) for whom				or your records.		
	Insert the club name, be sure that "4-H" and your county name is included (example: Cle							lovers 4-H Club of Brookings County	
÷			ness (if different from na						
ar		BLANK				Name of volunteer leader of club, group, committee, etc.			
Type or print clearly.			om, apt., suite no. and s	treet or P () box)			ress (if different) (Do r		
Ę		ounty office ma					. , .	I) address - do not enter PO Box	
ŗ			code (if foreign, see inst	ructions)					
r d		ounty office mail		liuctions)	-	Your county office street (physical) address			
0			here principal business i	alagatad		four county onice street (physical) address			
ğ		ounty office phy	• •	Silocated					
F						76 (
		me of responsibl		rom Advisor			SSN, ITIN, or EIN VE BLANK		
			ounty 4-H Youth Prog						
8a		••	limited liability company	. ,	-		f 8a is "Yes," enter i		
			?		🗹 No	l	LC members	· · · · ·	
8c			LC organized in the Unite						
9a	Type of	f entity (check or	nly one box). Caution. If	8a is "Yes," see tl	he instructi	ions for	the correct box to ch	neck.	
	🗌 Sol	e proprietor (SSN	N)			🗌 Es	tate (SSN of deceder	it)	
	🗌 Par	tnership				🗌 Pla	an administrator (TIN)		
	🗌 Coi	rporation (enter f	orm number to be filed)	▶		🗌 Tr	ust (TIN of grantor)		
	🗌 Per	sonal service co	rporation			🗌 Mi	litary/National Guard	State/local government	
	🗌 Chi	urch or church-c	ontrolled organization			🗌 Fa	rmers' cooperative	Eederal government	
	🗌 Oth	ner nonprofit orga	anization (specify) 🕨			🗌 RE	EMIC	Indian tribal governments/enterprises	
	🗹 Oth	ner (specify) 🕨 💲	South Dakota State Ur	niversity		Group	Exemption Number (GEN) if any F LEAVE BLANK	
9b	If a corp	poration, name th	ne state or foreign countr	ry (if State				n country	
	applical	ble) where incorp	oorated						
10	Reason	n for applying (cl	heck only one box)	🗹 E	anking pu	rpose (specify purpose) 🕨	Checking Account	
	🗌 Sta	rted new busines	ss (specify type) 🕨		hanged ty	pe of o	rganization (specify n	ew type) ►	
				F	urchased	going b	ousiness		
	Hire	ed employees (C	heck the box and see lin	ie 13.)	Created a ti	rust (sp	ecify type) 🕨		
	Coi Coi	mpliance with IR	S withholding regulations	s 🗌 C	reated a p	ension	plan (specify type)		
	🗌 Oth	ner (specify) 🕨							
11	Date bu		r acquired (month, day, y		ions.	12	Closing month of ac	counting year August 31	
		(exa	ample: January 4, 201	8)		14	14 If you expect your employment tax liability to be \$1,000 or		
13	Highest	number of employ	yees expected in the next	12 months (enter -	0- if none).			r year and want to file Form 944	
	-	nployees expecte		·	,		•	Forms 941 quarterly, check here.	
								ax liability generally will be \$1,000 to pay \$4,000 or less in total wages.)	
	A	gricultural	Household	Other				this box, you must file Form 941 for	
							every quarter.		
15	First da	ite wages or ann	nuities were paid (month	n, day, vear). Not	e: If appli	cant is	· · _	, enter date income will first be paid to	
		dent alien (month					>		
16			describes the principal ac				care & social assistan	ce Wholesale-agent/broker	
		_		sportation & warehou	_		modation & food servi		
		_	°	ance & insurance			(specify) ► 4-H Clu		
17			merchandise sold, spec				••••		
			nses and fundraising						
18			•				🗌 Yes 🗹 No		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? 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 completion of this form.									
Thir								Designee's telephone number (include area code)	
Part		l e	name of your County	4-H Youth Prog	ram Advis	sor		Your county telephone number	
	ignee	Address and Z						Designee's fax number (include area code)	
_ 55	3.100		IP code office street (physical)	address				Your county fax number	
11. 2					ulada 21.1	11-11-11-1-1		-	
								Applicant's telephone number (include area code) Your county telephone number	
Name	e and title (type or print clearly				Salan			
Siana	ature 🕨 S	Sign vour fi	rst and last nan	ne here		Data 🕨	Write date	Applicant's fax number (include area code) Your county fax number	
Signa	alure ► 💆	3				Date 🏲		Tour county fux fullibut	

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

Form **SS-4** (Rev. 12-2017)

Form SS-4
(Rev. December 2017)
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 Le	Legal name of entity (or individual) for whom the EIN is being requested						
sarly.	2 Tr	rade name of busi	ness (if different from nar	me on line 1)	3	Exec	utor, administrator, trustee	"care of" name
nt cle	4a M	ailing address (roo	om, apt., suite no. and st	reet, or P.O. bo	x) 5a	Stree	et address (if different) (Do r	not enter a P.O. box.)
or pri	4b C	DCity, state, and ZIP code (if foreign, see instructions)5bCity				City,	state, and ZIP code (if fore	ign, see instructions)
Type or print clearly.	6 County and state where principal business is located							
	7a Na	7a Name of responsible party 7b SSN,					7b SSN, ITIN, or EIN	
8a						8b If 8a is "Yes," enter the LLC members .		
8c	lf 8a is	"Yes," was the Ll	C organized in the Unite	d States? .				🗌 Yes 🗌 No
9a	Туре с	of entity (check or	nly one box). Caution. If 8	Ba is "Yes," see	e the inst	ructio	ons for the correct box to ch	neck.
	🗌 Sc	ole proprietor (SSN	J)				Estate (SSN of deceder	nt)
	🗌 Pa	artnership					Plan administrator (TIN)	
		orporation (enter f	orm number to be filed)	•			Trust (TIN of grantor)	
	🗌 Pe	ersonal service co	poration				Military/National Guard	State/local government
	🗌 Cł	nurch or church-co	ontrolled organization				Farmers' cooperative	Federal government
	🗌 Ot	her nonprofit orga	nization (specify) 🕨					Indian tribal governments/enterprises
	🗌 Ot	ther (specify) 🕨				(Group Exemption Number (GEN) if any 🕨
9b	9b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country						n country	
10	Reaso	n for applying (cl	neck only one box)		Banking	g pur	oose (specify purpose) 🕨	
	☐ Started new business (specify type) ► ☐ Changed type of organization					e of organization (specify n	ew type) ►	
	Purchased g					going business		
	Hired employees (Check the box and see line 13.)					rust (specify type) ►		
	Compliance with IRS withholding regulations				pension plan (specify type) ►			
		ther (specify) 🕨						
11	Date business started or acquired (month, day, year). See instructions.				-	12Closing month of accounting year14If you expect your employment tax liability to be \$1,000 or		
13	Highest number of employees expected in the next 12 months (enter -0- if none).				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			
	If no employees expected, skip line 14.							
		gricultural Household Other		er			to pay \$4,000 or less in total wages.) this box, you must file Form 941 for	
	3 • • • • • • • • • • • • • • • • • • •					every quarter.		
15		ate wages or anr sident alien (month		, day, year). N 				, enter date income will first be paid to
16	Check	one box that best	describes the principal ac	tivity of your bu	siness.		Health care & social assistan	ce 🗌 Wholesale-agent/broker
	Construction Rental & leasing Transportation & warehousing Accommodation & food ser							
	🗌 Re	eal estate 🛛 M	anufacturing 🗌 Fina					
17								
18								
	II Tes	," write previous E		orize the named in	ndividual to	o rece	ive the entity's FIN and answer	questions about the completion of this form
Thi	'n	Complete this section only if you want to authorize the named individual to receive the er Designee's name						Designee's telephone number (include area code)
Par		Designee s nan						
Designee		Address and ZIP code						Designee's fax number (include area code)
Under	penalties o	f periury. I declare that I	have examined this application and	d to the best of my k	nowledge ar	nd heli	et it is true, correct, and complete	Applicant's telephone number (include area code)
Name and title (type or print clearly) ► Applicant's fax number (include area code)								
Signa	ature 🕨					[Date ►	

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