



Appendix G: Form SS-4 Instructions (sample EIN application)

Note: Form SS-4 example begins on the next page of this document. You may complete online or paper version.

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 South Dakota
3.	Executor, administrator, trustee, "care of" name: First and last name of volunteer leader of club, group, etc.
4a and 4b.	Mailing address: Enter the mailing address of the person referred to in #3 above; PO Box is okay.
5a and 5b.	Street address: Enter the physical address of the person referred to in #3 above, if different from your mailing address; do not enter a PO Box
6.	County and state where the person referred to in #3 above is located: Enter the physical address
7a.	Name of responsible party: First and last name of the person referred to in #3 above
8a.	Is this application for a limited liability company (LLC) (or a foreign equivalent)?: Check box indicating No
9a.	Type of entity: Select "Other nonprofit organization (specify)" 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 "September 30"
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 Designee	Enter name and title of your County 4-H Youth Professional, 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 (or complete online through the IRS website)

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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

Type or print clearly.	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 Clovers 4-H Club of South Dakota)					
	2 Trade name of business (if different from name on line 1) LEAVE BLANK		3 Executor, administrator, trustee, "care of" name Name of volunteer leader of club, group, committee, etc.			
	4a Mailing address (room, apt., suite no. and street, or P.O. box) Mailing address of #3		5a Street address (if different) (Do not enter a P.O. box.) Street (physical) address of #3 - do not enter PO Box			
	4b City, state, and ZIP code (if foreign, see instructions) City, State and Zip of #3		5b City, state, and ZIP code (if foreign, see instructions) City, State and Zip of #3			
	6 County and state where principal business is located County and State of #3					
	7a Name of responsible party Should be the same as #3		7b SSN, ITIN, or EIN SSN of #3			
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input type="checkbox"/> No				
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization South Dakota State <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ University <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Other (specify) ▶ Group Exemption Number (GEN) if any ▶ LEAVE BLANK						
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country			
10 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ <input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ Checking Account <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"/> Purchased going business <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Other (specify) ▶						
11 Date business started or acquired (month, day, year). See instructions. (example: January 4, 2018)		12 Closing month of accounting year September 30				
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr></table>		Agricultural	Household	Other	14 If you expect your employment tax liability to be \$1,000 or 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 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>	
Agricultural	Household	Other				
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶						
16 Check one box that best describes the principal activity of your 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 type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) ▶ 4-H Club - Education						
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. None - 4-H Club expenses and fundraising income - Youth Development and Education						
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶						
Third Party Designee	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.					
	Designee's name First and last name of your County 4-H Youth Program Advisor		Designee's telephone number (include area code) Your county telephone number			
	Address and ZIP code Your county office street (physical) address		Designee's fax number (include area code) Your county fax number			
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) Your county telephone number				
Name and title (type or print clearly) ▶ Name and title of your County 4-H Youth Program Advisor		Applicant's fax number (include area code) Your county fax number				
Signature ▶ Sign your first and last name here		Date ▶ Write date				