

Obtain EIN: \$105  
With Filing: \$55



283 Washington Avenue  
Albany, New York 12206  
Phone: 518.463.4179  
Fax: 518.463.3752

### WORKSHEET FOR EMPLOYER IDENTIFICATION NUMBER

1. LEGAL NAME OF ENTITY (or individual) for whom EIN is being requested

2. TRADE NAME OF BUSINESS (if different from name above)

3. MAILING ADDRESS (room, apt. suite no. and street or PO Box)

4. "CARE OF" NAME (must use same name of signing officer or member (LLC) or mail may not be delivered)

5. PHYSICAL LOCATION/STREET ADDRESS (IF DIFFERENT) (Do not enter a PO BOX)

6. COUNTY AND STATE where principal business is located

PHONE NUMBER FOR ENTITY (no third parties):

7. NAME, TITLE AND SS# of principal officer (corp), managing member (LLC), general partner, grantor, owner or trustee

8. TYPE OF ENTITY (check only one box)

- Sole Proprietor (SS#) \_\_\_\_\_
- Partnership \_\_\_\_\_
- Corporation (enter form number to be filed) \_\_\_\_\_
- Personal Service Corp. \_\_\_\_\_
- Church or church-controlled organization \_\_\_\_\_
- Other nonprofit organization (specify) \_\_\_\_\_
- Estate (SS# of decedent) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

LLC: Number of members \_\_\_\_\_ **Answer yes/no question below.**

**\*IMPORTANT:** Depending on number of members, LLC's are treated by the IRS by default as follows:

- 1. a single member LLC or LLC with husband and wife members only is classified as an entity disregarded as separate from its owner.
- 2. a multi member LLC is classified as a partnership

**I ACCEPT THE DEFAULT CLASSIFICATION AS ABOVE:**  YES  NO

*\*To avoid either default classification and be treated as a corporation, file form 8832 or 2553 (S-Corp Status) in a timely manner. (Call us for forms)*

9. REASON FOR APPLYING (check only one box)

- Started new business (specify type) \_\_\_\_\_
- Hired employees (check the box and see question 12)
- Compliance with IRS withholding regulations
- Other (specify) \_\_\_\_\_

Banking purpose (specify purpose) \_\_\_\_\_

Changed type of organization (specify new type) \_\_\_\_\_

Purchased Going Business

Created a trust (specify type) \_\_\_\_\_

Created a pension plan (specify type) \_\_\_\_\_

10. DATE BUSINESS STARTED OR ACQUIRED (month, day, year): \_\_\_\_\_ 11. CLOSING MONTH OF ACCOUNTING YEAR: \_\_\_\_\_

12. FIRST DATE ACTUAL WAGES WERE OR WILL BE PAID FROM WHICH TAXES WILL BE WITHHELD (month, day, year): \_\_\_\_\_

13. HIGHEST NUMBER OF EMPLOYEES EXPECTED IN THE NEXT 12 MONTHS. Agricultural: \_\_\_\_\_ Household: \_\_\_\_\_ Other: \_\_\_\_\_

Note: if the applicant does not expect to have employees during the period, enter "-0-" in each space.

13A. 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")

14. CHECK ONE BOX THAT BEST DESCRIBES THE PRINCIPAL ACTIVITY OF YOUR BUSINESS:  Construction  Real Estate  Retail

Rental & leasing  Manufacturing  Transportation & warehousing  Finance & insurance  Health care & social assistance

Accommodation & food service  Wholesale-agent/broker  Wholesale-other  Other (specify) \_\_\_\_\_

15. HAS THE APPLICANT ENTITY SHOW ON LINE 1 EVER APPLIED FOR AND RECEIVED AN EIN?  YES  NO

15A. IF "YES", WRITE PREVIOUS EIN HERE: \_\_\_\_\_

NAME & TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Let This Letter Serve as My Authorization to Charge my AMEX/MC/VISA/Discover (Initial Here): \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

PRINT NAME OF CARD HOLDER: \_\_\_\_\_