

Apply for an EIN on-line:

- (1) Go to: <https://sa2.www4.irs.gov/modiein/individual/index.jsp>
- (2) Click on “Begin Application” button (at the bottom)
- (3) Check Circle: “View Additional Types including Non-Profit/Tax-Exempt Organizations”
- (4) Click “Continue” button
- (5) Check Circle: Other Non-Profit/Tax-Exempt Organizations
- (6) Click “Continue” button
- (7) Click “Continue” button
- (8) Check Circle “Banking Purposes” (check this regardless if you have an account or plan on establishing an account)
- (9) Check Circle: “Individual”
- (10) Click “Continue” button
- (11) Complete all required fields and click “Continue”
- (12) Complete all required fields and click “Continue”
- (13) Complete all required fields and click “Continue”
- (14) Answer all questions (likely that all will be answered “no”), then click “Continue”
- (15) Check Circle: “Other”
- (16) Click Continue
- (17) Check Circle: “Other” and type in: Education
- (18) Check Circle: “Receive Letter On-Line”
- (19) Print a copy of the letter for your records!

SAMPLE

Form **SS-4**

### Application for Employer Identification Number

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>4-H Buckeye Club</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <b>Brutus Volunteer</b>
	4a Mailing address (street address) (room, apt., or suite no.) <b>4444 Clover Lane</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>Cloverville, Ohio 44444</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>Clover County Ohio</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>-NA-</b>	

**8a** Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> National Guard	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► <b>4-H Club (Educational)</b>	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other (specify) ►	(enter GEN if applicable) <b>2704</b>	

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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**9** Reason for applying (Check only one box.) (see instructions)

<input type="checkbox"/> Started new business (specify type) ►	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ► <b>Checking</b>
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

**10** Date business started or acquired (month, day, year) (see instructions) **1/1/2000**

**11** Closing month of accounting year (see instructions) **December**

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **N/A**

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
<b>0</b>	<b>0</b>	<b>0</b>

**14** Principal activity (see instructions) ► **4-H Club - Educational Nonprofit**

**15** Is the principal business activity manufacturing? If "Yes," principal product and raw material used

Yes  No

**16** To whom are most of the products or services sold? Please check one box.

Public (retail)  Other (specify) ►  Business (wholesale)  N/A

**17a** Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

Yes  No

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► Trade name ►

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

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.

Name and title (Please type or print clearly.) ► **Brutus Volunteer 4-H Advisor**

Business telephone number (include area code) ( )  
Fax telephone number (include area code) **(555) 555-5555**

Signature ► **Brutus Volunteer** Date ► **1/1/2000**

Please leave blank ► Geo. Ind. Class Size Reason for applying