

EIN Application Checklist

To help you gather the required information to apply for a U.S. EIN (Employer Identification Number), please keep this checklist handy. This checklist should be completed and returned to us together with the information assembled.

Detailed Information

Please provide details below.

1. Legal name or entity (or individual) for whom the EIN is being requested:

2. Trade name of business (if different from #1):

3. Country where business is located:

4. City, state and postal code where business is located:

5. Head Office Address:

6. Mailing Address:

Responsible Party

Please provide details of the responsible party below.

Name: _____

Phone #: _____

SSN, ITIN or EIN # (if applicable): _____

Has the applicant entity ever applied for and received an EIN?

Yes No

If yes, please provide EIN:

Type of Entity

If applicable, is the entity a:

Sole Proprietor

Partnership

Corporation

Other (please specify): _____

If corporation, please provide the state or foreign country that it was incorporated in:

Is this an application for a LLC?

Yes No

If yes, please provide the number of people who are LLC members: _____

Was the LLC organized in the United States?

Yes No

Reason for Application

Please select the reason for applying for an EIN:

Started a new business
(Specify type: _____)

Hired employees

Banking purpose
(Specify purpose: _____)

Changed type of organization

Purchased going business

Created trust
(Specify Type: _____)

Created a pension plan
(Specify type: _____)

Compliance with IRS withholding regulations

Other (Specify: _____)

Business Activities

Please select the principal activity of the business:

- Construction
- Rental & leasing
- Transportation & warehousing
- Real estate
- Manufacturing
- Finance & insurance
- Health care & social assistance
- Accommodation & food service
- Wholesale - agent/broker
- Wholesale - other
- Retail (Specify: _____)
- Other: (Specify: _____)

Indicate principal line of merchandise sold, specific construction work done, products produced or services provided:

Other Information

Please provide details below.

Incorporation date: ____/____/____ (MM/DD/YY)

Closing month of accounting year: _____

Highest number of employees expected in the next 12 months: _____