



Dear Client:

Please sign the below statement:

By signing this document, I am hereby authorizing any representative of Anderson Business Advisors, PLLC to obtain my employer identification number and discuss my account on my behalf.

Signature: _____

Name: _____

Date: _____

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.

EIN

| | | | |
|--|---|--|--|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested | | |
| | 2 Trade name of business (if different from name on line 1) | | 3 Executor, administrator, trustee, "care of" name |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) | | 5a Street address (if different) (Don't enter a P.O. box.) |
| | 4b City, state, and ZIP code (if foreign, see instructions) | | 5b City, state, and ZIP code (if foreign, see instructions) |
| | 6 County and state where principal business is located | | |
| | 7a Name of responsible party | | 7b SSN, ITIN, or EIN |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8b If 8a is "Yes," enter the number of LLC members ▶ | |
| 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 | | <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government | |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ | | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises | |
| <input type="checkbox"/> Other (specify) ▶ _____ | | Group Exemption Number (GEN) if any ▶ _____ | |
| 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 type="checkbox"/> Banking purpose (specify purpose) ▶ _____ | |
| <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"/> Compliance with IRS withholding regulations | | <input type="checkbox"/> Purchased going business | |
| <input type="checkbox"/> Other (specify) ▶ _____ | | <input type="checkbox"/> Created a trust (specify type) ▶ _____ | |
| | | <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | |
| 11 Date business started or acquired (month, day, year). See instructions. | | 12 Closing month of accounting year | |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. | | 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 \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/> | |
| Agricultural 0 | Household 0 | | |
| 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 type="checkbox"/> Other (specify) ▶ _____ | | | |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. | | | |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input 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 | Designee's telephone number (include area code) |
| | Address and ZIP code | Designee's fax number (include area code) |
| 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) |
| Name and title (type or print clearly) ▶ | | Applicant's fax number (include area code) |
| Signature ▶ | | Date ▶ |