

The **IRS Form SS-4** is used to obtain a Federal Employer Identification Number for an Employer hiring Direct Care Professionals/Employees and using a financial management services (FMS) agency.

Form <b>SS-4</b> (Rev. December 2023) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records. Go to <a href="http://www.irs.gov/FormSS4">www.irs.gov/FormSS4</a> for instructions and the latest information.		OMB No. 1545-0003
			EIN	
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Jane Doe</b>			
	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) 515 South 700 East, Suite 2B		5a Street address (if different) (Don't enter a P.O. box.) 123 Example Street	
	4b City, state, and ZIP code (if foreign, see instructions) Salt Lake City, UT 84102		5b City, state, and ZIP code (if foreign, see instructions) Test Cit UT 88888	
	6 County and state where principal business is located Box Elder UT			
	7a Name of responsible party Jane Doe		7b SSN, ITIN, or EIN 123-45-6789	
	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 checked="" 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 checked="" type="checkbox"/> Other (specify) <b>HCSR Using Fiscal/Employer Agent</b> 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 checked="" type="checkbox"/> Other (specify) <b>HCSR Using Fiscal/Employer Agent</b> <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 December		
13 Highest number of employees expected in the next 12 months (enter -0- if none).		14 Reserved for future use		
Agricultural 0 Household 0 Other 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) N/A				
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 services <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <b>HCSR Using Fiscal/Employer Agent</b>				
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>HCSR Using Fiscal/Employer Agent</b>				
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 Hilary Gilmer		Designee's telephone number (include area code) 801.317.1900	
	Address and ZIP code 515 South 700 East, Suite 2B, Salt Lake City, UT, 84102		Designee's fax number (include area code) 855.500.4521	
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) (888) 888-8888		
Name and title (type or print clearly) <b>Jane Doe</b> <b>HCSR</b>		Applicant's fax number (include area code)		
Signature		Date <b>06/26/2025</b>		

Skip unless you already have an EIN

Complete highlighted areas with Employer information: Name, Address and SSN

Complete with Employer's SSN, not EIN.

Employer must print, sign and date. Title should be HCSR. Include Employer phone number.

**Note:** The FMS will always apply for the Employer Identification Numbers (EINs) on behalf of the participant.