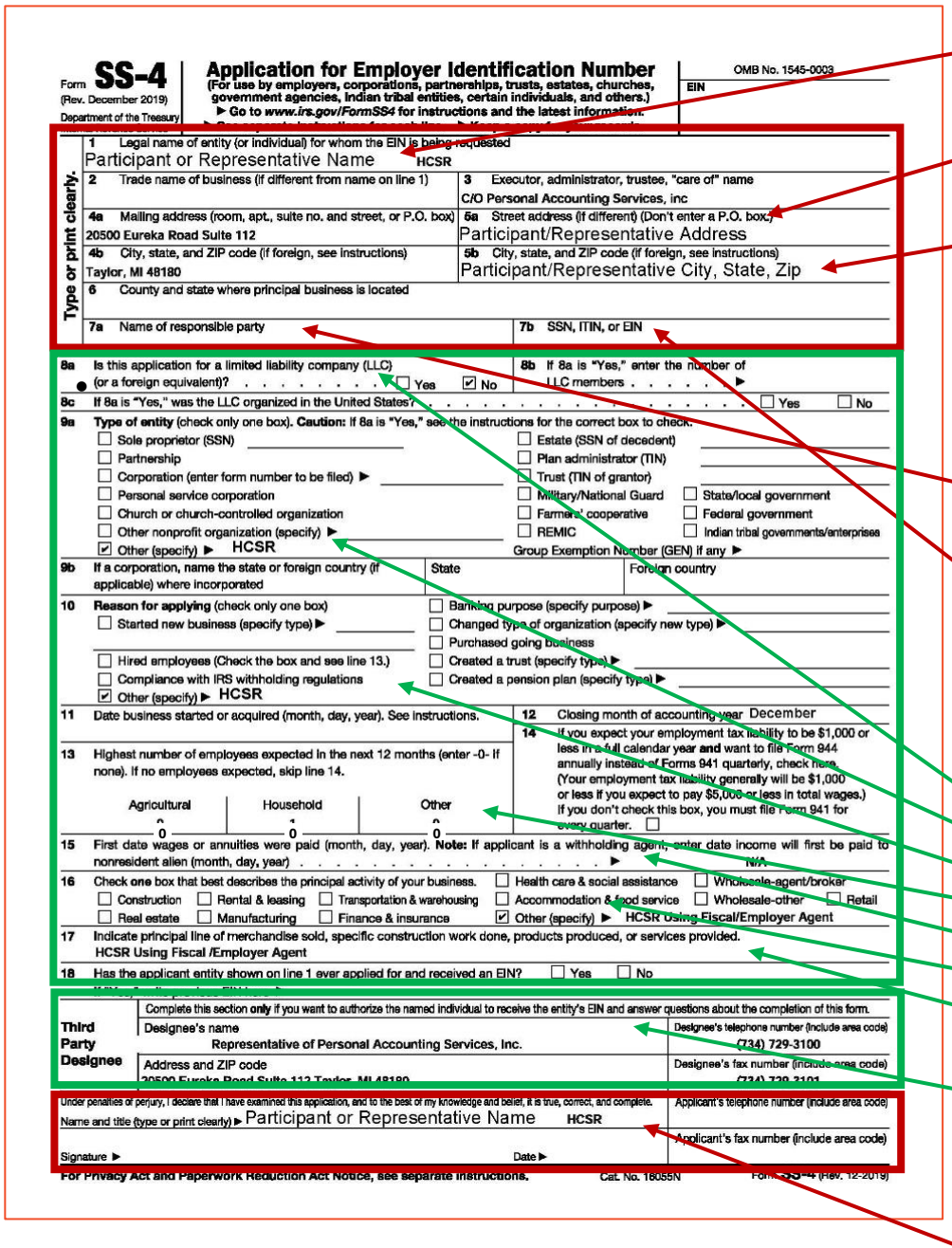
Lori Knapp CHOICE™
Part of the AssuranceSD Family

COMPLETED SS-4 SAMPLE

The **IRS Form SS-4** is used to obtain a Federal Employer Identification Number for a participant hiring Direct Care Workers (Employees) and using a fiscal/employer agent (or "FEA").



Form **SS-4** (Rev. December 2019) Department of the Treasury

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.

OMB No. 1545-0003
EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Participant or Representative Name HCSR

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name
C/O Personal Accounting Services, inc

4a Mailing address (room, apt., suite no. and street, or P.O. box)
20500 Eureka Road Suite 112

5a Street address (if different) (Don't enter a P.O. box.)
Participant/Representative Address

4b City, state, and ZIP code (if foreign, see instructions)
Taylor, MI 48180

5b City, state, and ZIP code (if foreign, see instructions)
Participant/Representative City, State, Zip

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)? ☐ Yes ☑ 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? ☐ Yes ☐ No

9a **Type of entity** (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.
☐ Sole proprietor (SSN)
☐ Partnership
☐ Corporation (enter form number to be filed) ▶
☐ Personal service corporation
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) ▶
☑ Other (specify) ▶ HCSR
☐ Estate (SSN of decedent)
☐ Plan administrator (TIN)
☐ Trust (TIN of grantor)
☐ Military/National Guard ☐ State/local government
☐ Farmers' cooperative ☐ Federal government
☐ REMIC ☐ Indian tribal governments/enterprises
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)
☐ Started new business (specify type) ▶
☐ Hired employees (Check the box and see line 13.)
☐ Compliance with IRS withholding regulations
☑ Other (specify) ▶ HCSR
☐ 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) ▶

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). If no employees expected, skip line 14.
Agricultural 0 | Household 0 | Other 0

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. ☐

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.
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☑ Other (specify) ▶ HCSR Using Fiscal/Employer Agent

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HCSR Using Fiscal /Employer Agent

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No

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: Representative of Personal Accounting Services, Inc.
Designee's telephone number (include area code): (734) 729-3100
Address and ZIP code: 20500 Eureka Road Suite 112 Taylor, MI 48180
Designee's fax number (include area code): (734) 729-3101

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 (type or print clearly) ▶ Participant or Representative Name HCSR
Applicant's telephone number (include area code)
Signature ▶ Date ▶
Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2019)

Participant/representative to complete:
- **Box 1:** Participant/representative name
- **Box 5a:** Participant/representative address
- **Box 5b:** Participant/representative city, state, zip

Boxes 3, 4a,4b will be pre-filled.

Participant/representative to complete:
- **Box 7a:** Must be completed with same name as Box 1
- **Box 7b:** Participant/representative Social Security Number (SSN)

Fiscal/employer agent will have pre-checked boxes:
- 8a
- 9a
- 10
- 13 (Should be 0 in each spot)
- 15
- 16
- 17

Fiscal/employer agent will complete **Third Party Designee** section.

Participant/representative must complete, sign and date.

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