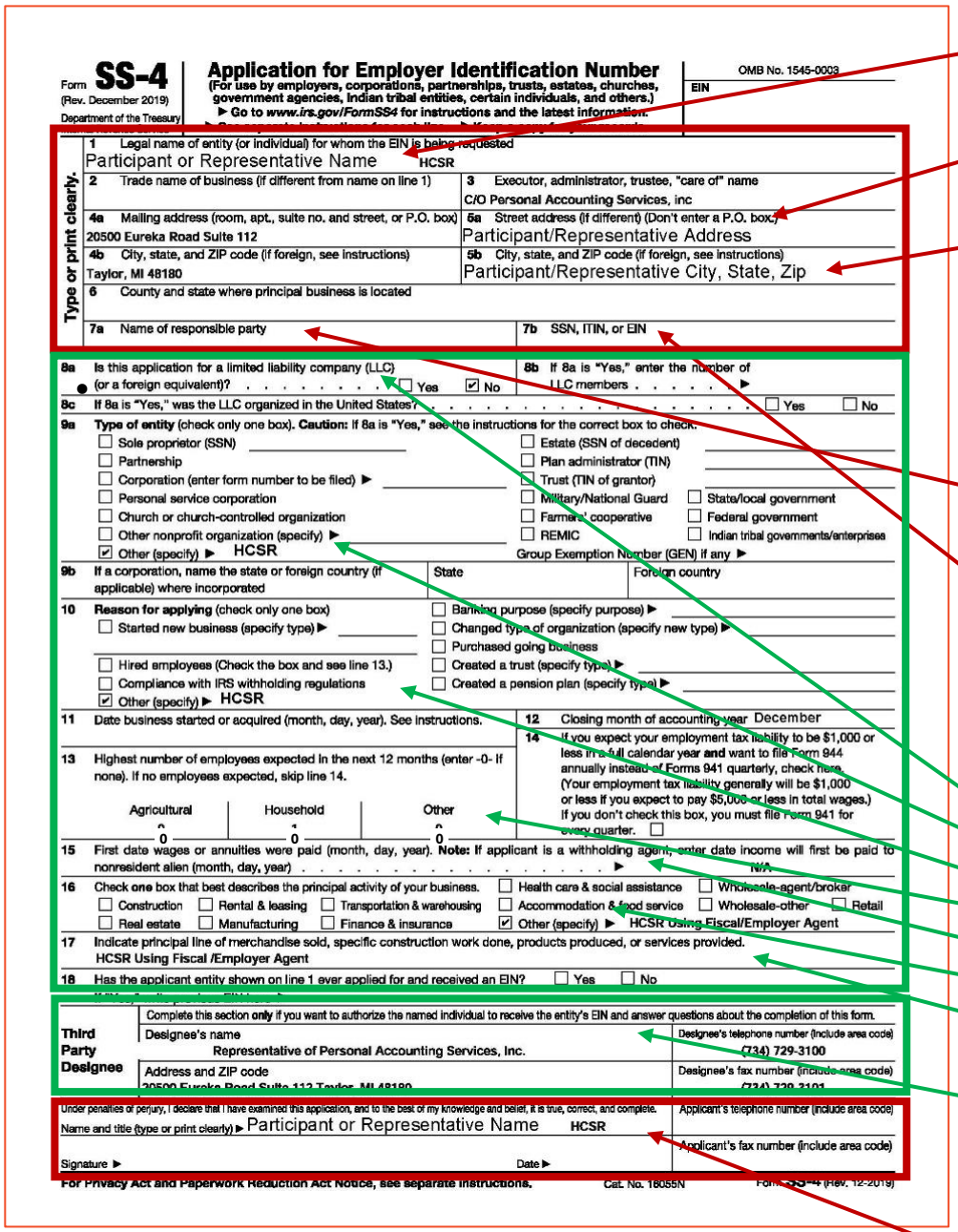
Lori Knapp CHOICE™
Part of the AssuranceSD Family

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) ☐ Estate (SSN of decedent)
☐ Partnership ☐ Plan administrator (TIN)
☐ Corporation (enter form number to be filed) ▶ ☐ Trust (TIN of grantor)
☐ Personal service corporation ☐ Military/National Guard ☐ State/local government
☐ Church or church-controlled organization ☐ Farmers' cooperative ☐ Federal government
☐ Other nonprofit organization (specify) ▶ ☐ REMIC ☐ Indian tribal governments/enterprises
☑ Other (specify) ▶ HCSR 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) ▶ ☐ Banking purpose (specify purpose) ▶
☐ Changed type of organization (specify new type) ▶
☐ Purchased going business
☐ Hired employees (Check the box and see line 13.) ☐ Created a trust (specify type) ▶
☐ Compliance with IRS withholding regulations ☐ Created a pension plan (specify type) ▶
☑ Other (specify) ▶ HCSR

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.