

Telephone: 905-268-0150 Fax: 905-248-3223

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SS-4- Application for Employer Identification Number

1. Legal name or entity (or individual) for whom the EIN is being requested
2. Trade name of business (if different from #1):
3. State where principal business is located.
4. Full address
5. Mailing address (if different from #4)
6. Name of responsible party, Phone Number, Tax number.
7. SSN, ITN or EIN of the responsible party (If applicable).
8. Is this an application for the limited liability company (LLC)?8a. If yes, please provide the number of LLC members. (Number of people)
9. Type of entity (sole proprietor, partnership, corporation, etc.)
9a. If corporation, please provide the state or foreign country that it was incorporated in.

10. Reason for applying a EIN application (choose one):

- o Started new business (specify type)
- o Hired employees
- o Banking purpose (specify purpose)
- o Changed type of organization
- o Purchased going business
- Created trust (Specify type)
- Created a pension plan (specify type)
- 11. Incorporation Date (MM/DD/YYYY)
- 12. Closing month of accounting year
- 13. Highest number of employees expected in the next 12 months (in US)

13a. If yes, when is the first date where wages or annuities were paid (MM/DD/YYYY)

14. Principal activity of the business

- a. Construction
- b. Rental & leasing
- c. Transportation & warehousing
- d. Real estate
- e. Manufacturing
- f. Finance & insurance
- g. Health care & social assistance
- h. Accommodation & food service
- i. Wholesale-agent/broker
- j. Wholesale- other
- k. Retail
- I. Other (Specify)
- 15. Principal line of product or services provided.