

Obtain an Employer Identification Number (EIN) From the Internal Revenue Service (IRS)

Pages attached: _____

If we did not file the formation documents or the formation is over 2 weeks ago, please attach a copy of the filed formation document. The IRS may request a copy prior to issuing an Employer Identification Number (EIN).

FEES: \$45.00 Service fee includes: Preparing the form, sending the form via e-mail for client's signature, free long distance fax to our office, obtaining the Employer Identification Number from the Internal Revenue Services within 2 business days or less from time of receipt of signed application.

PROCEDURE (please read): Please complete this form and fax or e-mail it to SDF. Once received, we will prepare the SS-4 and e-mail the form to you for your client's signature within 24 hours (holidays and weekends excluded). Once signed, you will need to fax the form to our office. We will then obtain the EIN within 2 business days, sometimes less. Once obtained, we will e-mail the EIN to you. E-mail address required.

Please List e-mail address: _____

STEP 1: Please provide the following information.

Name of Business Entity (complete legal name including punctuation): _____

Trade name or Fictitious Business Name (if applicable): _____

Mailing Address (PO Box and PMB OK): _____

City: _____ State: _____ Zip: _____

Complete **physical business address** if different then mailing address: _____

City: _____ State: _____ Zip: _____

County and State where principal business is located: County: _____ State: _____

Name of principal Officer, partner, or member: First Name: _____ Middle Name: _____

Last Name: _____ Title: _____

SSN or ITIN of principal officer (REQUIRED): _____

Is this an S Corporation or does the corporation plan on becoming an S Corporation? Yes No

If this is an LLC, is it a (mark one): single member LLC 2 members or more (taxed as a partnership)

Name the State the business was formed in: _____

If the reason for applying for a new EIN is any reason other then "started a new business", please contact us before you send this form.

Date business started (month, day, year): _____

Closing Month of accounting Year: _____ Most business close in December.

If employees, list the first date wages or annuities were paid or will be paid (month, day, year): _____

Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? Yes No If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes."

Highest number of employees expected in the next 12 months? Enter 0 for none. Agricultural _____ Non Agricultural _____

Household _____

List name of company from page 1

Name of Company: _____

Check only **ONE** box that best describes the principal activity of the business. Health care & Social assistance Wholesale-agent/broker Construction Rental & Leasing Transportation & Warehousing Accommodation & Food services
Wholesale-Other Retail Real Estate Manufacturing Finance & Insurance Other (specify): _____

Briefly indicate principal line of merchandise sold, work done, products produced or services provided: _____

Has the principal Officer ever applied for an EIN for this or **any other business**? Yes No

If yes, list complete legal name of the most recent company that obtained an EIN: _____

Trade Name: _____

Approximate date when EIN was applied for: (mo/day/year): _____ City and State where filed: _____

Previous EIN (**REQUIRED**) - _____

Principal Officer's Phone number: () _____ Fax number: () _____

STEP 2: Payment Information:

Credit Card Type: Visa MasterCard American Express Discover

Bill my account (My firm has a credit application on file)

I am paying with a personal credit card

I am paying with a corporate credit card.

Card Number: _____ Exp. Date _____ / _____ (mo/yy)

Firm Name: _____

Name on Card: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Total Amount Charged: \$45.00

Signature of Card Holder (Required): _____

By signing this form, I give permission to Sun Document Filings (SDF) to bill my credit card for \$45.00. If I am using my company's credit card, I am signing as an authorized user. I confirm that I have read and agree with Sun Document Filings' terms and conditions that are located on their website. I am aware that SDF begins processing the application within minutes of the receipt of my order. Therefore, the preparation of the EIN application cannot be cancelled and a \$45.00 charge will apply. I understand that after transmitting this EIN order form to Sun Document Filings, I will be charged \$45.00 even if I decide to obtain the EIN on my own or I find out that my client has already obtained an EIN for this business. Please double check the Principal Officer's social security number. If the event that the name of the principal Officer and the social security number does not match according to IRS records, there will be a \$15.00 charge added to this order. As a professional courtesy, I agree to return the signed EIN application with my client's signature within 30 days of receipt of the prepared EIN application. I understand that Sun Document Filings cannot give me financial or tax advice or determine how my company or my client's company should be taxed.

Thank you for using Sun Document Filings. We greatly appreciate your business and we look forward to working with you and your firm.