



Should I Get an Employer Identification Number from the IRS?

If your current business entity type is a C-Corporation or an S-Corporation, you probably already have an Employer Identification Number (EIN).

Oftentimes however, Sole Proprietors and one-person Limited Liability Companies use only their Social Security Number on relevant Tax Forms and do not have a separate EIN. If you do not currently have an EIN for your business entity, one must be applied for and received from the IRS if you intend to sponsor a Qualified Retirement Plan.

The EIN will be stated in your Plan Adoption Agreement and on any IRS Forms filed for the Plan in the future. To obtain an EIN, review the IRS Form SS-4 (also available at www.irs.gov) and follow the Instructions carefully. The form may be completed and filed with the IRS via mail or fax, or the EIN can be received by telephone and used immediately by calling the IRS at (800) 829-4933 from 7 a.m. to 10 p.m. Eastern Standard Time. The EIN may also be applied for via the Internet at www.irs.gov/businesses. Once you have retained SAI to create your Plan Adoption Agreement, you will be asked for your EIN.

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|---|--|---|-----------------|---|
| Form SS-4 (Rev. January 2010) Department of the Treasury Internal Revenue Service | | Application for Employer Identification Number (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. | | OMB No. 1545-0003 EIN |
| 1 Legal name of entity (or individual) for whom the EIN is being requested | | | | |
| 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) | | 5a Street address (if different) (Do not enter a P.O. box.) | | |
| 4b City, state, and ZIP code (if foreign, see instructions) | | 5b City, state, and ZIP code (if foreign, see instructions) | | |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input 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"/> 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/military | | |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises | | |
| <input type="checkbox"/> Other (specify) ▶ | | <input type="checkbox"/> 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 type="checkbox"/> Other (specify) ▶ | | <input type="checkbox"/> Created a trust (specify type) ▶ | | |
| <input type="checkbox"/> Other (specify) ▶ | | <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 | | |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. | | | | |
| Agricultural | | Household | | Other |
| 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). | | | | |
| 16 Check one box that best describes the principal activity of your business. | | | | |
| <input type="checkbox"/> Construction | | <input type="checkbox"/> Health care & social assistance | | <input type="checkbox"/> Wholesale-agent/broker |
| <input type="checkbox"/> Rental & leasing | | <input type="checkbox"/> Transportation & warehousing | | <input type="checkbox"/> Accommodation & food service |
| <input type="checkbox"/> Real estate | | <input type="checkbox"/> Manufacturing | | <input type="checkbox"/> Finance & insurance |
| <input type="checkbox"/> Real estate | | <input type="checkbox"/> Other (specify) | | <input type="checkbox"/> Wholesale-other |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. | | | | |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ | | | | |
| 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. | | | | |
| Third Party Designee | | Designee's name | | Designee's telephone number (include area code) |
| Address and ZIP code | | () | | () |
| () | | Designee's fax number (include area code) | | () |
| () | | Applicant's telephone number (include area code) | | () |
| Name and title (type or print clearly) ▶ | | () | | Applicant's fax number (include area code) |
| () | | () | | () |
| Signature ▶ | | Date ▶ | | () |
| () | | () | | () |
| For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. | | | | |
| Cat. No. 16055N | | Form SS-4 (Rev. 1-2010) | | |

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