



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 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.

Form SS-4 (Rev. December 2017) 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.) ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information. ▶ 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"/> Military/National Guard		
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative		
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> REMIC		
<input type="checkbox"/> Other (specify) ▶		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.		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 \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
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"/> Rental & leasing		<input type="checkbox"/> Health care & social assistance
<input type="checkbox"/> Real estate		<input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Accommodation & food service
<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Wholesale-agent/broker
<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 ▶				
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		Designee's telephone number (include area code)	
Address and ZIP code		Designee's fax number (include area code)		
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.				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. 12-2017)				

SAI
 SECURITY ADMINISTRATORS, INC.

BINGHAMTON OFFICE:
 105 COURT STREET
 P.O. BOX 1625
 BINGHAMTON, NY 13902-1625
 (607) 771-1180

SYRACUSE OFFICE:
 SUITE 200
 906 SPENCER STREET
 SYRACUSE, NY 13204
 (315) 474-8331

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