



1. Plan Name: \_\_\_\_\_

2. Plan Year End: \_\_\_\_\_ Takeover Effective: \_\_\_\_\_  
 Number Participants: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_  
 Employer I.D. #: \_\_\_\_\_ Trust I.D. #: \_\_\_\_\_  
 Plan Effective Date: \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

4. Employer Entity:  
 C Corporation     S Corporation     Partnership     Sole Proprietorship  
 P. C.     LLC taxed as:     Corporation or  Partnership

5. Date Business Commenced: \_\_\_\_\_ Type of Business: \_\_\_\_\_

6. NAICS Business Description Code (code used on tax return): \_\_\_\_\_

7. Do you own, control, or manage another business?     Yes     No  
 Is this business affiliated with any other business?     Yes     No  
 Do you have leased union or shared employees?     Yes     No  
 Does this business have any prior or existing plans?     Yes     No  
 Please explain any "yes" answers: \_\_\_\_\_

Names of Owners & Officers*	% of Stock Owned	Title	Family Member?

\*Include employees who are related to more-than-5% owners

Accountant Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Copies of Correspondence?**  
 Yes  No

Financial Advisor Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Copies of Correspondence?**  
 Yes  No

Attorney Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Copies of Correspondence?**  
 Yes  No



I. Plan Name: \_\_\_\_\_

II. Plan Trustee(s) (legal name(s)): \_\_\_\_\_

=====  
**III. Plan Provisions:**

Eligibility: Age Requirement: \_\_\_\_\_ (none; age 18; age 21; other not to exceed 21)  
 Service Requirement: \_\_\_\_\_ (none; 3 mos; 6 mos; 9 mos; 12 mos; other)  
 Eligibility applies to employees hired after \_\_\_\_\_ (date or N/A)  
 Dual Eligibility (if applicable) \_\_\_\_\_

Entry Dates: \_\_\_\_\_ (monthly; quarterly; semi-annual; other)

Allocation Method: \_\_\_\_\_ (N/A; pro-rata; integrated; age-based; cross tested)  
 If cross tested, groups: \_\_\_\_\_

Match Deposit Frequency: \_\_\_\_\_ (each pay period; monthly; quarterly; annually)

Payroll Frequency: \_\_\_\_\_ (weekly, bi-weekly, semi-monthly)  
 Day of Month: \_\_\_\_\_

401(k) Deferral Start Date: \_\_\_\_\_  
 401(k) Deferral Change Date: \_\_\_\_\_ (pay period; monthly; quarterly; semi-annually; annually)

Vesting (choose schedule): \_\_\_\_\_ 100% immediate  
 \_\_\_\_\_ 3 year cliff  
 \_\_\_\_\_ 6 year graded: 20% after 2 yrs; 40% after 3 yrs;  
 60% after 4 yrs; 80% after 5 yrs; 100% after 6 yrs.  
 \_\_\_\_\_ 4 year graded: 25% after 1 year; 50% after 2 years  
 75% after 3 years; 100% after 4 years  
 \_\_\_\_\_ Other, please specify \_\_\_\_\_

Start Date for Vesting: \_\_\_\_\_ (date of hire; effective date of plan)

Valuation Dates: \_\_\_\_\_ (annual; daily provider \_\_\_\_\_)

Participant Loans: \_\_\_\_\_ (Yes/No)  
 \_\_\_\_\_ Maximum Loans Outstanding: 1, 2, other)

Hardship Withdrawal: \_\_\_\_\_ (Yes/No)

Rollovers: \_\_\_\_\_ (Yes/No)

Roth 401(k): \_\_\_\_\_ (Yes/No)

Investment Direction: \_\_\_\_\_ (Participant/ Trustee)  
 If participant directed: 404(c) yes or no

Safe Harbor Options: \_\_\_\_\_ (Yes / No / N/A)  
 \_\_\_\_\_ Choice of Safe Harbor (Match / 3% Non-Elective)  
 \_\_\_\_\_ Safe Harbor Deposit Frequency  
 (each pay period; monthly; quarterly; annually)

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested		
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name	
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)	
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)	
	<b>6</b> County and state where principal business is located		
	<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustee	<b>7b</b> SSN, ITIN, or EIN	
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8b</b> If 8a is "Yes," enter the number of LLC members ▶		
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution.</b> 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) ▶ _____	Group Exemption Number (GEN) if any ▶ _____		
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country	
<b>10</b> <b>Reason for applying</b> (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	
<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Created a trust (specify type) ▶ _____	
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Other (specify) ▶ _____	
<b>11</b> Date business started or acquired (month, day, year). See instructions.	<b>12</b> Closing month of accounting year		
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none).	Agricultural	Household	Other
<b>14</b> Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")			
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶			
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
<b>18</b> 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 ▶ _____			
<b>Third Party Designee</b>			
Complete this section <b>only</b> 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) ▶			( )
Signature ▶			Applicant's fax number (include area code)
Date ▶			( )

## Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.<sup>1</sup> See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) <sup>2</sup>	Complete lines 1-18 (as applicable).
Purchased a going business <sup>3</sup>	Does not already have an EIN	Complete lines 1-18 (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust <sup>4</sup>	Complete lines 1-18 (as applicable).
Created a pension plan as a plan administrator <sup>5</sup>	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a-5b, 9a, 10, and 18.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits <sup>6</sup>	Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1-6, 9a, 10-12, 13-17 (if applicable), and 18.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10 and 18.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 <sup>7</sup>	Complete lines 1, 2, 4a-5b, 9a, 10 and 18.
Is a single-member LLC	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns, <b>or</b> for state reporting purposes <sup>8</sup>	Complete lines 1-18 (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>	Complete lines 1-18 (as applicable).

<sup>1</sup> For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

<sup>2</sup> However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

<sup>3</sup> Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

<sup>6</sup> Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

<sup>7</sup> See also *Household employer* on page 4 of the instructions. **Note.** State or local agencies may need an EIN for other reasons, for example, hired employees.

<sup>8</sup> Most LLCs do not need to file Form 8832. See *Limited liability company (LLC)* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

<sup>9</sup> An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

