R-18

FORM SS-4 (1-65)
PART 1 U.S. TREASURY DEPARTMENT – INTERNAL REVENUE SERVICE
APPLICATION FOR EMPLOYER IDENTIFICATION NUMBER

PLEASE LEAVE BLANK

1. NAME *(TRUE name as distinguished from TRADE name.)*

2. TRADE NAME, IF ANY *(Enter name under which business is operated, if different from item 1.)*

3. ADDRESS OF PRINCIPAL PLACE OF BUSINESS *(No. and Street, City, State, Zip Code)*

4. COUNTY

5. CHECK (X) TYPE OF ORGANIZATION *(If "other" specify, such as "Estate," etc.)*
☐ Individual ☐ Corporation ☐ Partnership ☐ Other *(Specify)*

5a. Ending month of accounting year

6. If individual, enter your social security account number

7. REASON FOR APPLYING *(If "other" specify such as "Corporate structure change," "Acquired by gift or trust," etc.)*
☐ Started new business ☐ Purchased going business ☐ Other

8. Date you acquired or started business *(Mo., day, year)*

9. First date you paid or will pay wages *(Mo., day, year)*

10. NATURE OF BUSINESS *(See Instructions)*

11. NUMBER OF EMPLOYEES — Agricultural | Non-agricultural

12. If nature of business is MANUFACTURING, list in order of their importance the principal products manufactured and the estimated percentage of the total value of all products which each represents.
1 % 2 % 3 %

PLEASE LEAVE BLANK: R | DO | TA | FR | FRC

13. Do you operate more than one place of business? ☐ Yes ☐ No
If "Yes," attach a list showing for each separate establishment:
a. Name and address. b. Nature of business. c. Number of employees.

14. To whom do you sell most of your products or services?
☐ Business establishments ☐ General public ☐ Other *(Specify)*

PLEASE LEAVE BLANK → Geo. | Ind. | Class | Size | Reas. for Appl. | Bus. Bir. Date

FORM SS-4 (1-65)
PART 2
DO NOT DETACH ANY PART OF THIS FORM. SEND ALL COPIES TO THE DISTRICT DIRECTOR OF INTERNAL REVENUE

PLEASE LEAVE BLANK

NAME AND COMPLETE ADDRESS

1. NAME *(TRUE name as distinguished from TRADE name.)*

2. TRADE NAME, IF ANY *(Enter name under which business is operated, if different from item 1.)*

3. ADDRESS OF PRINCIPAL PLACE OF BUSINESS *(No. and Street)*

(City, State, Zip Code)

4. COUNTY

5. CHECK (X) TYPE OF ORGANIZATION *(If "other" specify, such as "Estate," etc.)*
☐ Individual ☐ Corporation ☐ Partnership ☐ Other *(Specify)*

5a. Ending month of accounting year

6. If individual, enter your social security account number

7. REASON FOR APPLYING *(If "other" specify such as "Corporate structure change," "Acquired by gift or trust," etc.)*
☐ Started new business ☐ Purchased going business ☐ Other

8. Date you acquired or started business *(Mo., day, year)*

9. First date you paid or will pay wages *(Mo., day, year)*

10. NATURE OF BUSINESS *(See Instructions)*

11. NUMBER OF EMPLOYEES — Agricultural | Non-agricultural

12. Have you ever applied for an identification number for this or any other business? ☐ No ☐ Yes
If "Yes," enter name and trade name (if any). Also enter the approximate date, city, and state where you first applied and previous number if known. →

DATE | SIGNATURE | TITLE