

# Application for Employer Identification Number

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

OMB No. 1545-0003

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

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Really Big Wesleyan Church</b>					
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name <b>I M Pastor</b>				
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>1234 Railroad Tracks</b>	5a Street address (if different) (Do not enter a P.O. box.)				
	4b City, state, and ZIP code (if foreign, see instructions) <b>Purgatory, MO 12345</b>	5b City, state, and ZIP code (if foreign, see instructions)				
	6 County and state where principal business is located <b>Big County, MO</b>					
	7a Name of responsible party <b>I M Pastor</b>	7b SSN, ITIN, or EIN <b>Pastor's SSN</b>				
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No					
	9a <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 checked="" 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>2079</b>					
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country			
10 <b>Reason for applying</b> (check only one box)						
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <b>Checking</b> <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"/>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Agricultural <b>0</b></td> <td style="width:33%; text-align:center;">Household <b>0</b></td> <td style="width:33%; text-align:center;">Other <b>1</b></td> </tr> </table>		Agricultural <b>0</b>	Household <b>0</b>	Other <b>1</b>		
Agricultural <b>0</b>	Household <b>0</b>	Other <b>1</b>				
15 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) . . . . . ▶						
16 Check <b>one</b> box that best describes the principal activity of your business. <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ <b>Church</b>						
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 <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 <b>Designated, Authorized District Administrator</b>		Designee's telephone number (include area code) <b>District Number</b>			
	Address and ZIP code <b>Distrist address and zip</b>		Designee's fax number (include area code) <b>District Fax, if available</b>			
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) ▶ <b>I M Pastor</b>			Applicant's fax number (include area code)			
Signature ▶ _____			Date ▶ _____			

## Applying for an Employer Identification Number (EIN)

You can apply online, by telephone, by fax, or by mail, depending on how soon you need to use the EIN. Use only one method for each entity.

### An EIN by phone:

- Call the IRS at -800-829-4933 (toll free). The hours of operation are 7:00 a.m. to 10:00 p.m. local time.

### By mail or fax:

- Form SS-4 downloaded from IRS.gov is a fill-in form, and when completed is suitable for faxing or mailing to the IRS.
- Mail, one of the 50 states or District of Columbia: Attn: EIN Operation, Cincinnati, OH 45999
- Fax-TIN: 859-669-5760

### To apply for new EIN:

Go to [www.irs.gov](http://www.irs.gov). In search box, type EIN, click first listing “apply for an EIN online,” take a moment to read “1, 2, 3” then when ready click “apply online now.” [2017]

[When letter is received from IRS, reporting EIN: 1) retain original with church records, 2) send pdf of letter with EIN to district office, 3) send pdf of letter with EIN to headquarters, Communication & Administration Division, Beth Sanders, [sandersb@wesleyan.org](mailto:sandersb@wesleyan.org)]

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### Lost EIN:

Church can call 800-829-4933, to request a document letter 147C “EIN Previously Assigned.”

[As stated from CFO of The Wesleyan Church, “a church with employment tax EIN issues can call the IRS and get a document verifying their correct EIN. The phone number is 800-829-4933. The document is a *Letter 147C, EIN Previously Assigned.*]