



## 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).

Ofentimes 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](http://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](http://www.irs.gov/businesses). Once you have retained SAI to create your Plan Adoption Agreement, you will be asked for your EIN.

T.L.S. have you transmitted all IR text files for this cycle update? <input type="checkbox"/>		<b>5</b> <b>I.R.S. SPECIFICATIONS TO BE REMOVED BEFORE PRINTING</b> INSTRUCTIONS TO PRINTERS FORM SS-4, PAGE 1 of 2 MARGINS: 25mm (1") HEAD, CENTER SIDES. PRINTS: HEAD to FOOT PAPER: WHITE WRITING, SUB. 20. INK: BLACK FLAT SIZE: 216mm (8 1/2") X 559mm (22"). FOLD TO 216mm (8 1/2") X 279mm (11") PERFORATE: NONE <b>DO NOT PRINT — DO NOT PRINT — DO NOT PRINT — DO NOT PRINT</b>		Action O.K. to print Revised proofs requested	Date	Signature
<b>Form SS-4 Application for Employer Identification Number</b> (OMB No. 1545-0003) (Rev. February 2006) Department of the Treasury Internal Revenue Service (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.						
<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			<b>5b</b> City, state, and ZIP code			
<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> Type of entity (check only one box)						
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Partnership		<input type="checkbox"/> Estate (SSN of decedent)		
<input type="checkbox"/> Corporation (enter form number to be filed) ▶		<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> Church or church-controlled organization		
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Plan administrator (SSN)		
<input type="checkbox"/> Trust (SSN of grantor)		<input type="checkbox"/> National Guard		<input type="checkbox"/> State/local government		
<input type="checkbox"/> Farmers' cooperative		<input type="checkbox"/> REMIC		<input type="checkbox"/> Federal government/military		
<input type="checkbox"/> Indian tribal governments/enterprises		<input type="checkbox"/> Group Exemption Number (GEN) ▶		<input type="checkbox"/>		
<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated						
State			Foreign country			
<b>9</b> 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 12.)		<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"/>		<input type="checkbox"/> Created a pension plan (specify type) ▶				
<b>10</b> Date business started or acquired (month, day, year). See instructions.				<b>11</b> Closing month of accounting year		
<b>12</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>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)				Agricultural Household Other		
<b>14</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"/> Health care & social assistance		
<input type="checkbox"/> Real estate		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Transportation & warehousing		
<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Accommodation & food service		<input type="checkbox"/> Wholesale-agent/broker		
<input type="checkbox"/>		<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Wholesale-other		
<b>15</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.						

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