

Instructions for Applying for
Federal Tax Identification Number/Employer Identification Number

1. Click on the following URL link to connect to the application for an Employer Identification Number (EIN). https://sa.www4.irs.gov/sa_vign/newFormSS4.do
2. Use the sample EIN form as an example in completing the form.
3. The areas highlighted in **green** are the areas to be completed.
 - a. 1* Legal name of entity ... -- this needs to be Community of Christ followed by a "-" and the name of the congregation or mission center.
 - b. 3 Executor, trustee ... -- this should be the name of the financial officer followed by a "-" and either CFO or MCFO representing the individuals title.
 - c. 4a* and 4b* are the address for the congregation or mission center.
 - d. 5a and 5b are used if you want the mailing address for correspondence to be different from what is in 4a and 4b.
 - e. 6* County ... -- enter the county and state for the address in 4a and 4b.
 - f. 8a* Type of entity – select "church or controlled organization." Also input the Group Exemption No – 0929.
 - g. 9a* Reason for applying – typically the reason for applying is to open a new bank account.
 - h. 10* Date business started ... -- enter the date that the congregation or mission center started operations.
 - i. 14* Check the box that best ... -- select "other" and put the word Religious in the blank.
 - j. 15* Indicate the principal line ... -- put the word Religious in the blank.
 - k. 16* Has the applicant ever applied ... -- for this you should be able to select "No."
4. Review what you entered on the form for correctness.
5. If everything is correct click the "Next" button.
6. Follow the directions on the next screens. You will be given a provisional EIN number. You will also be sent a confirmation letter via US mail stating the official EIN number that has been provided to you. This number is typically the same as the provisional number.
7. Print the screen showing your provisional number.
8. Keep this provisional number in a safe place until you receive your official confirmation via US mail.
9. File this EIN number as part of the official records of the congregation or mission center.

Federal Tax ID / EIN

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| Form SS-4 (Rev. December 2001) 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.) ▶ See separate instructions for each line. ▶ Keep a copy for your records. | | EIN _____ OMB No. 1545-0003 | |
| 1* Legal name of entity (or individual) for whom the EIN is being requested Community of Christ - (mission center or congregation name) | | | | | |
| 2 Trade name of business (if different from name on line 1) | | | 3 Executor, trustee, "care of" name (MCFO or CFO name) - (MCFO or CFO) | | |
| 4a* Mailing address (room, apt., suite no. and street, or P.O. box) (church or mission center) | | | 5a Street address (if different) (Do not enter a P.O. box) (financial officer) | | |
| 4b* City, state, and ZIP code | | | 5b City, state, and ZIP code | | |
| 6* County and state where principal business is located County _____ State _____ | | | | | |
| 7a Name of principal officer, general partner, grantor, owner, or trustor | | | 7b SSN, ITIN, EIN | | |
| 8a* Type of entity (check only one) | | | | | |
| <input type="radio"/> Sole Proprietor (SSN) _____ <input type="radio"/> Partnership <input type="radio"/> Corporation (enter form number to be filed) ▶ _____ <input type="radio"/> Personal Service <input checked="" type="radio"/> Church or church-controlled organization <input type="radio"/> Other nonprofit organization (specify) ▶ _____ <input type="radio"/> Other (specify) ▶ _____ | | | <input type="radio"/> Estate (SSN of decedent) _____ <input type="radio"/> Plan administrator (SSN) _____ <input type="radio"/> Trust (SSN of grantor) _____ <input type="radio"/> National Guard <input type="radio"/> Farmers' cooperative <input type="radio"/> REMIC <input checked="" type="radio"/> State/local government <input type="radio"/> Federal government/military <input type="radio"/> Indian tribal government/enterprises Group Exemption No. (GEN) ▶ 0929 | | |
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated | | | State _____ | | Foreign country _____ |
| 9* Reason for applying (check only one) | | | | | |
| <input type="radio"/> Started new business (specify type) ▶ _____ <input type="radio"/> Purchased going business <input type="radio"/> Hired employees (Check the box and see line 12) <input type="radio"/> Compliance with IRS withholding regulations <input type="radio"/> Other (specify) ▶ _____ | | | <input checked="" type="radio"/> Banking purpose (specify purpose) ▶ open account <input type="radio"/> Changed type of organization (specify new type) ▶ _____ <input type="radio"/> Created a trust (specify type) ▶ _____ <input type="radio"/> Created a pension plan (specify type) ▶ _____ | | |
| 10* Date business started or acquired (month, day, year) | | | 11 Closing month of accounting year | | |
| 12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> | | | | | |
| 13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0."</i> | | | Agriculture _____ | | Household _____ |
| 14* Check box that best describes the principal activity of your business | | | <input type="radio"/> Health care & social assistance <input type="radio"/> Accommodation & food service <input type="radio"/> Wholesale-agent/broker <input type="radio"/> Wholesale-other | | <input type="radio"/> Construction <input type="radio"/> Real estate <input type="radio"/> Other (specify) _____ |
| 15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. | | | | | |
| 16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i> | | | | | |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____ | | | | | |
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) _____ City and state where filed _____ Previous EIN _____ | | | | | |
| Complete 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 | | | | | |
| Third Party Designee Designee's name _____ Address and ZIP code _____ | | | Designee's telephone number (include area 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. Name and title (type or print clearly) _____ Signature ▶ Not Required Date ▶ February 15, 2006 GMT | | | Applicant's telephone number (include area code) _____ Applicant's fax number (include area code) _____ | | |
| For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2001) | | | | | |

