



# Apply for an Employer Identification Number (EIN) Online



## Hours of Operation

Monday to Friday, 7 a.m. to 10 p.m. Eastern Standard Time.

## Related Topics

- Online EIN: Frequently Asked Questions
- Employer ID Numbers
- System Requirements
- Privacy Act Statement and Paperwork Reduction Act Notice
- Businesses with Employees

## Step 1: Determine Your Eligibility

- You may apply for an EIN online if your principal business is located in the United States or U.S. Territories.
- The person applying online must have a valid Taxpayer Identification Number (SSN, ITIN, EIN).
- You are limited to one EIN per responsible party per day.
  - The “responsible party” is the person who ultimately owns or controls the entity or who exercises ultimate effective control over the entity. Unless the applicant is a government entity, the responsible party must be an individual (i.e., a natural person), not an entity.

## Step 2: Understand the Online Application

- You must complete this application in one session, as you will not be able to save and return at a later time.
- Your session will expire after 15 minutes of inactivity, and you will need to start over.

## Step 3: Submit Your Application

- After all validations are done you will get your EIN immediately upon completion. You can then download, save, and print your EIN confirmation notice.

## Five Things to Know about the Employer Identification Number

Transcript ASL



[Apply Online Now](#)

## **Employer Tax Responsibilities Explained (Publications 15, 15-A and 15B)**

Publication 15 [PDF](#) provides information on employer tax responsibilities related to taxable wages, employment tax withholding and which tax returns must be filed. More complex issues are discussed in Publication 15-A [PDF](#) and tax treatment of many employee benefits can be found in Publication 15. We recommend employers download these publications from IRS.gov. Copies can be requested online (search “Forms and Publications) or by calling 800-TAX-FORM.

### **Important**

We cannot process your application online if the responsible party is an entity with an EIN previously obtained through the Internet. Please use one of our other methods to apply. See How to Apply for an EIN. We apologize for any inconvenience this may cause you.

### **Purpose of an Employer Identification Number**

Employer Identification Numbers are issued for the purpose of tax administration and are not intended for participation in any other activities (e.g., tax lien auction or sales, lotteries, etc.)

### **Exempt Organization Information**

If you believe your organization qualifies for tax exempt status (whether or not you have a requirement to apply for a formal ruling), be sure your organization is formed legally before you apply for an EIN. Nearly all organizations exempt under IRC 501(a) are subject to automatic revocation of their tax-exempt status if they fail to file a required annual information return or notice for three consecutive years. When you apply for an EIN, we presume you’re legally formed and the clock starts running on this three-year period.

**Example:** Your organization applies for an EIN in November 2014 and chooses a December accounting period. Your first tax period would end on December 31, 2014, and your first return or notice (if your organization does not meet one of the few exceptions to the annual reporting requirement) would be due May 15, 2015. You would be subject to automatic revocation of your exemption if you fail to file for the three periods that end December 31, 2016 (return/notice due May 15, 2017) or for any consecutive three-year period thereafter.

# Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

EIN \_\_\_\_\_  
 OMB No. 1545-0003  
 Expires 7/31/91

**1** Name of applicant (True legal name) (See instructions.) \_\_\_\_\_

**2** Trade name of business, if different from name in line 1 \_\_\_\_\_

**3** Executor, trustee, "care of name" \_\_\_\_\_

**4a** Mailing address (street address) (room, apt., or suite no.) \_\_\_\_\_

**5a** Address of business (See instructions) \_\_\_\_\_

**4b** City, state, and ZIP code \_\_\_\_\_

**5b** City, state, and ZIP code \_\_\_\_\_

**6** County and state where principal business is located \_\_\_\_\_

**7** Name of principal officer, grantor, or general partner. (See instructions.) ► \_\_\_\_\_

**8a** Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN _____	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN _____	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input type="checkbox"/> Other corporation (specify) _____	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other nonprofit organization (specify) _____	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other (specify) ► _____	<input type="checkbox"/> National guard	
	If nonprofit organization enter GEN (if applicable) _____	

**8b** If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ►

Foreign country _____	State _____
-----------------------	-------------

**9** Reason for applying (Check only one box)

<input type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify) ► _____
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Created a trust (specify) ► _____
<input type="checkbox"/> Banking purpose (specify) ► _____	<input type="checkbox"/> Other (specify) ► _____

**10** Date business started or acquired (Mo., day, year) (See instructions.) \_\_\_\_\_

**11** Enter closing month of accounting year. (See instructions.) \_\_\_\_\_

**12** First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year). \_\_\_\_\_

**13** Enter highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter "0." \_\_\_\_\_

Nonagricultural	Agricultural	Household
-----------------	--------------	-----------

**14** Does the applicant operate more than one place of business? \_\_\_\_\_  Yes  No  
 If "Yes," enter name of business. ► \_\_\_\_\_

**15** Principal activity or service (See instructions.) ► \_\_\_\_\_

**16** Is the principal business activity manufacturing? \_\_\_\_\_  Yes  No  
 If "Yes," principal product and raw material used ► \_\_\_\_\_

**17** To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ► _____	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
--	--	---	------------------------------

**18a** Has the applicant ever applied for an identification number for this or any other business? \_\_\_\_\_  Yes  No  
**Note:** If "Yes," please complete lines 18b and 18c.

**18b** If you checked the "Yes" box in line 18a, give applicant's true name and trade name, if different than name shown on prior application.

True name ► \_\_\_\_\_ Trade name ► \_\_\_\_\_

**18c** Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) _____	City and state where filed _____	Previous EIN _____
--	----------------------------------	--------------------

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. Telephone number (include area code) \_\_\_\_\_

Name and title (Please type or print clearly.) ► \_\_\_\_\_

Signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**Note: Do not write below this line. For official use only.**

Please leave blank ►	Geo.	Ind	Class	Size	Reason for applying
----------------------	------	-----	-------	------	---------------------