DATA REQUEST
For Form SS-4
Employer Identification Number (EIN) Application

Legal Name of Entity:

Mailing Address:

Physical Address (if different from mailing):

County and State where principal business is located:

Business Start Date:

Name of Responsible Party:

SSN, ITIN, or EIN of responsible party:
(if NRA, please provide copy of passport)

Number of members:

Type of entity (corporation, partnership, disregarded entity):

Reason for applying (started new business, banking purpose, etc.):

Will it have employees?

Principal Activity of business, products, service:

Have they applied for EIN before? YES ❍ NO ❍

If yes provide number:

Telephone number:

Fax number:

Signature: Date: 2026-11-05