Completing an On Line Application EIN for your Class Reunion

These instructions are provided as a guide. They are not intended to give legal or technical advice.

You will need some information about your class reunion committee and approximately 10-15 minutes to complete the online application in one sitting. Please note once you start the online application you cannot save it and finish it later. Here is the link for the on line application:

https://sa.www4.irs.gov/modiein/individual/index.jsp

You will need a social security number; this can be the chairperson, treasurer, or any other committee member. The following screenshots will show you the answers to use or select for the questions.

Any questions filling about out this application are best answered by the IRS. Chat or speak with a website customer service representative or send an email message or comment. Website assistance is available Monday-Friday at this link: http://www.irs.gov/uac/Navigate-IRSgov

After you select the first link listed above, the following screen will appear.

EIN Assistant

Important Information Before You Begin

Use this assistant to apply for and obtain an Employer Identification Number (EIN). Do I need an EIN?

Do I need a new EIN?

About the EIN Assistant

For help or additional information on any topic, click the underlined key words, or view Help Topics on the right side of the screen. Make sure that pop-ups are allowed from this site.

- You must complete this application in one session, as you will not be able to save and return at a later time
- · For security purposes, your session will expire after 15 minutes of inactivity, and you will need to start over.
- · You will receive your EIN immediately upon verification. When will I be able to use my EIN?
- If you wish to receive your confirmation letter online, we strongly recommended that you install <u>Adobe Reader</u> before beginning the application if it is not already installed.

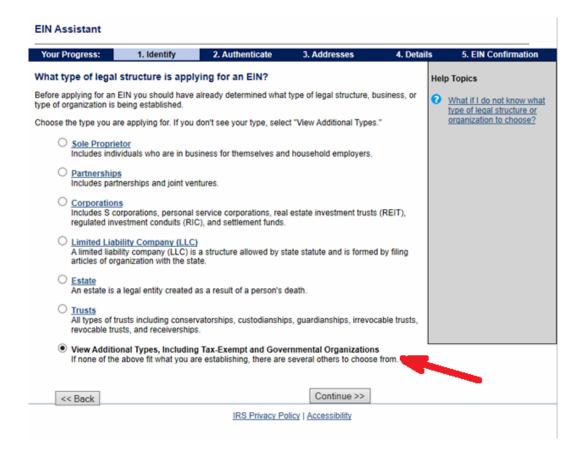
Restrictions

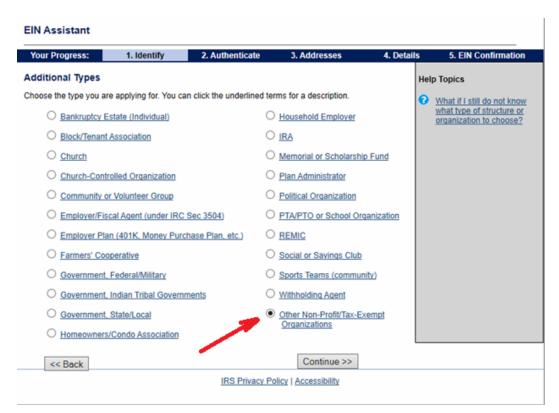
- Effective May 21, 2012, to ensure fair and equitable treatment for all taxpayers, the Internal Revenue Service will limit Employer Identification Number (EIN) issuance to one per responsible party per day. This limitation is applicable to all requests for EINs whether online or by phone, fax or mail. We apologize for any inconvenience this may cause.
- If a third party designee (TPD) is completing the online application on behalf of the taxpayer, the taxpayer must authorize the third party to apply for and receive the EIN on his or her behalf.
- . The business location must be within the United States or U.S. territories.
- · Foreign filers without an Individual Taxpayer Identification Number (ITIN) cannot use this assistant to obtain an EIN.
- If you were incorporated outside of the United States or the U.S. territories, you cannot apply for an EIN online. Please call us at <u>267-941-1099</u> (this is not a toll free number).

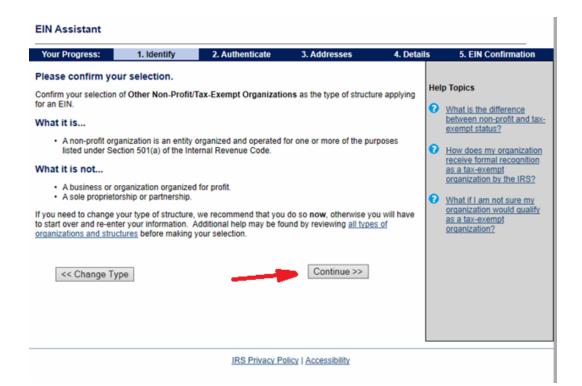


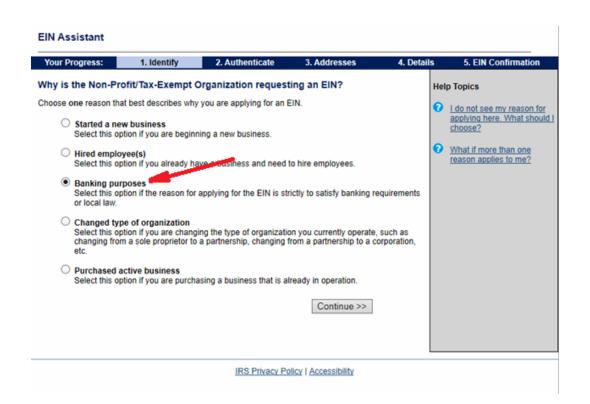
If you are not comfortable sending information via the Internet, download the Form SS-4 PDF file and the instructions for alternative ways of applying.

IRS Privacy Policy | Accessibility

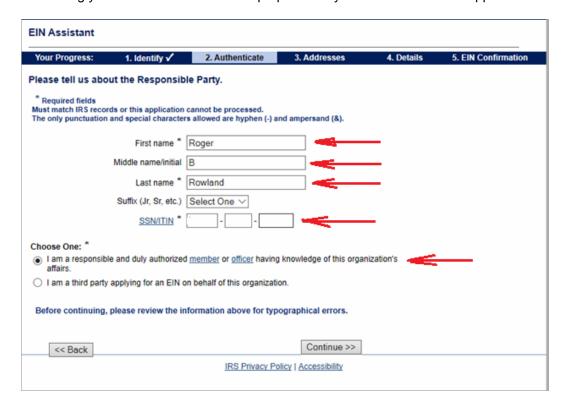


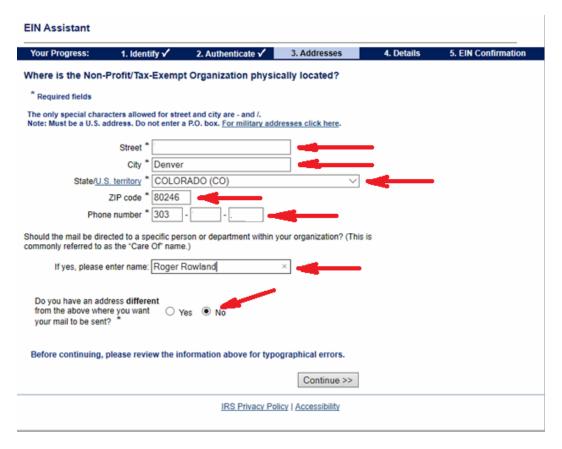




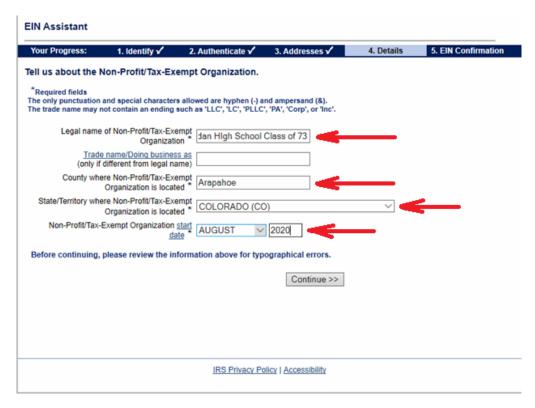


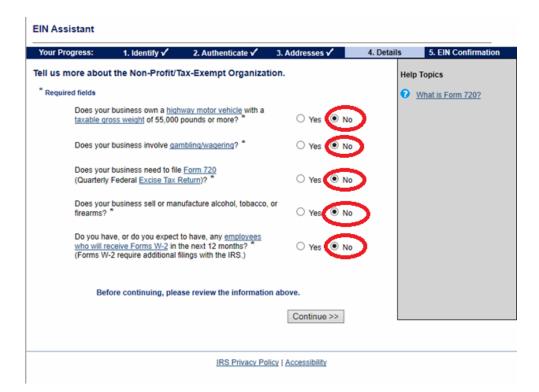
Providing your SS# is for identification purposes only and is not tied to the applied EIN.





The name should be: Sheridan High School Class of _____ Do <u>not</u> use the name of a person.





Complete the final steps and a PDF file will be created with your EIN.

Completing an SS-4 Form Application EIN for your Class Reunion

Paper alternate, if you do not want to complete an online application. You can download a fillable PDF file, type in the information with your computer keyboard, and print it. Or you can download it and complete it by hand. Send the completed form to the IRS. You can fax the completed application to (855) 641-6935 or mail it to:

Internal Revenue Service Attn: EIN Operation Cincinnati, OH 45999

Download the SS-4 fillable PDF file with this link: https://www.irs.gov/pub/irs-pdf/fss4.pdf

Download the SS-4 instructions with this link: https://www.irs.gov/pub/irs-pdf/iss4.pdf

A sample of a completed SS-4 Form application is shown on the next page.

The following items need to be completed.

Sign <u>Date</u>

1	Legal Name	Sheridan High School Class of YYYY
3	Executo	Name of person setting up account
4a	Mailing Address – Number and Street	Name of person setting up account
4b	Mailing Address – City, State, Zip Code	
6	County	Arapahoe (Location of High School)
7a	Name of Responsible Party	Name of person setting up account
7b	Person setting up account – SS#	For identification purposes only

7b	Person setting up account – SS#	For identification purposes of
8a	LLC - Check "No" Box	• •
9a	Check "Other" Box	Enter: Class Reunion Fund

10 Check "Banking purposes" Box Enter: Satisfy banking requirements

11 Date business started This can be date of application or first

committee meeting

12 Closing Month December 13 Highest Number of employees Enter: -0- in each box

15 First date wages Enter: N/A

16 Check "Other" Box **Enter: Class Reunion Activities**

17 Indicate principle line... Enter: N/A

18 Check "No" Box Applicant Telephone Enter your phone number

Form **SS-4** (Rev. December 2019)

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

> Go to www.irs.gov/FormSS4 for instructions and the latest information.

OMB No. 1545-0003

EIN

	rtment of the		▶ See separate in	structions for each I	ine. ►Kee	расор	y for your reco	rds.			
	1 Le	Legal name of entity (or individual) for whom the EIN is being requested									
0002	Sheridan	High Sch	ool Class of 2050								
÷	2 Trade name of business (if different from name on line 1) 3) 3 E	Executor	r, administrator,	, trustee, "c	care of" name			
Type or print clearly				V-11-31-31-31-31-31-31-31-31-31-31-31-31-	Name			of person setting up account			
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 5a Street address (if different) (Don					ent) (Don't e	enter a P.O. box.)				
or pr	4b City, state, and ZIP code (if foreign, see instructions) 5b City, state, an				te, and ZIP cod	e (if foreigr	n, see instructions)				
Type	6 County and state where principal business is located										
	Arapahoe										
	7a Name of responsible party				7b	7b SSN, ITIN, or EIN					
	Name of person setting up account					used for identification purposes.					
8a		s this application for a limited liability company (LLC) or a foreign equivalent)?			es 🗸 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?					Yes No		
9a	Type of	Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.									
	☐ Sol	le propriete	or (SSN)				Estate (SSN of	decedent)			
	☐ Par	rtnership					Plan administra	tor (TIN)			
	Co	rporation (enter form number to	be filed) ▶			Trust (TIN of gra	antor)	1000		
	☐ Per	rsonal serv	ice corporation				Military/Nationa	al Guard	State/local government		
	Chi	urch or chi	urch-controlled organ	Ization			Farmers' cooper	rative	☐ Federal government		
	Oth	ner nonpro	fit organization (speci	fy) ►			REMIC		☐ Indian tribal governments/enterprise		
	☑ Oth	ner (specify) Class Reunion	Fund		Grou	p Exemption N	umber (GE	N) if any ▶		
9b			ame the state or forei incorporated	gn country (if	State			Foreign o	country		
10	Reason	for apply	ing (check only one b	oox)	✓ Banking	purpose	e (specify purpo	se) ▶ Sa	atisfy banking requirements		
	☐ Sta	rted new b	ousiness (specify type)▶	Changed	type of	forganization (s	specify new	v type) ▶		
			220 3355	X	Purchase	ed going	business	A) 5	MAS II.		
	☐ Hired employees (Check the box and see line 13.) ☐ Crea					a trust (specify type) ► a pension plan (specify type) ►					
		☐ Other (specify) ▶									
11	Date business started or acquired (month, day, year). See instructions.			12	3 37						
_		14 If you expect your employment tax liability to be \$1,000 or									
13	BUILDING SECTION	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. 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						ms 941 quarterly, check here.			
	^	aricultural	Househ	old C	Othor			u expect to pay \$5,000 or less in total wages.)			
	-	Agricultural Household Other		-0-	If you don't chec every quarter.			k this box, you must file Form 941 for			
15		ite wages	or annuities were pa		. Note: If ap				nter date income will first be paid		
				* * * * * *			>		N/A		
16	Check o	one box tha	t best describes the p	rincipal activity of your	business.		th care & social	assistance			
		☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-other ☐ Retai									
	☐ Rea	Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify) ▶ Class Reunion Activities									
17	Indicate N/A	principal	line of merchandise s	old, specific construc	tion work dor	ne, prod	ucts produced,	or services	s provided.		
18	Has the	Has the applicant entity shown on line 1 ever applied for and received an EIN?									
	If "Yes,"	2.00 pt = 10									
	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer of				d answer que	stions about the completion of this form.					
Thir	d	Designee's name				D	esignee's telephone number (include area co				
Part	ty	200									
Designee		Address and ZIP code				D	esignee's fax number (include area cod				
				pplication, and to the best of reerson completing form		d belief, it is	true, correct, and co	mplete. A	opplicant's telephone number (include area co		
								A	Applicant's fax number (include area coo		
Signa	iture >					Date	>		**************************************		
					retractivation by	. PC 1877	76 (50 (40)	87 - 3000 Ve	00.4		