

EIN Application
Limited Liability Company

Legal Name of the LLC	1 st Choice:
	2 nd Choice:
	3 rd Choice:
Trade Name of the LLC	Optional
What State	PA
Number of LLC Members	
Taxation of LLC	Choose One Below
	--Individual/Partnership: Not taxed as a separate entity from owner
	--S-Corporation: Planning to elect an S-Corp tax structure
	--Corporation: LLC is planning to elect a Corp. tax structure
	--Multi-Member: Partnership tax structure

Owner Information

First Name	
Middle Name	
Last Name	
Title	
SSN	
Phone	
Email	
Address	
Main Contact Person	Yes or No
Ownership Percentage	
Tax Matters/Financials	Yes
Are you a Veteran or in Active Reserves?	Yes or No

Owner Information (Optional)

First Name	
Middle Name	
Last Name	

Title	
Phone	
Email	
Address	
Main Contact Person	Yes or No
Ownership Percentage	
Tax Matters/Financials	No
Are you a Veteran or in Active Reserves?	Yes or No

Owner Information (Optional)

First Name	
Middle Name	
Last Name	
Title	
Phone	
Email	
Address	
Main Contact Person	Yes or No
Ownership Percentage	
Tax Matters/Financials	No
Are you a Veteran or in Active Reserves?	Yes or No

Business Information

Street	
City	
State	
Zip Code	
County	
Mailing Address different?	Yes or No
CROP	Yes or No
Business Phone	
Primary Activity	<i>Attachment 1</i>

Purpose (Provide some details)	
Reason for applying	<i>Attachment 1</i>
Restricted Professional Company	Yes or No- <i>Attachment 2</i>
Specific Products/Services	
Month business started	
Closing Month of Accounting Year	December

Common Questions

Do you have or expect to have an employee within 12 months who will receive Form W-2?*	<i>Yes</i>	<i>No</i>
Does your business sell or manufacture alcohol, tobacco, firearms?	<i>Yes</i>	<i>No</i>
Does your business pay federal excise taxes?	<i>Yes</i>	<i>No</i>
Does your business involve gambling?	<i>Yes</i>	<i>No</i>
Has this entity applied for an EIN before?	<i>Yes</i>	<i>No</i>
Does your business own a highway motor vehicle weighing 55,000 lbs.	<i>Yes</i>	<i>No</i>

Attachment 1

Primary Activity: (Choose 1)

1. Construction
2. Real Estate
3. Rental & Leasing
4. Manufacturing
5. Transportation & Warehousing
6. Finance & Insurance
7. Health Care & Social Assistance
8. Accommodation & Food Service
9. Wholesale-agent/Broker
10. Wholesale- Other
11. Retail
12. Other (Describe)

Reason for applying: (Choose 1)

1. Started New Business
2. Hired Employees
3. Banking Purposes
4. Changed Type of Organization
5. Purchased Business

****Yes: Follow up questions**

1. How many employees?
2. Start when?
3. Quarterly or annual tax return?

Attachment 2

Restricted Professional Company (if any)

1. Chiropractic
2. Dentistry
3. Law
4. Medicine and surgery
5. Optometry
6. Osteopathic medicine and surgery
7. Podiatric medicine
8. Public accounting
9. Psychology
10. Veterinary medicine