

IRS FORM SS-4

Application for Employer Identification No.

What is it for?

This form tells the IRS that you are going to be an employer and is used to obtain an Employer Identification Number (EIN) from the IRS. This EIN is used to open state employer accounts and designate all tax deposit and filing responsibility to PPL.

Why isn't my address listed on lines 4a and 4b?

Lines 4a and 4b ask for the mailing address to be attached to this employer account. Public Partnerships LLC (PPL) does not intend to burden you with IRS paperwork. By establishing PPL's address as the mailing address on your employer account, PPL ensures that you will not receive IRS paperwork relating to this program at your home.

Who are the people listed in the Third Party Designee section?

Those are the PPL staff members who have experience obtaining EINs on behalf of Individual Employers. These individuals are the only people who can obtain an EIN on your behalf.

Which lines do I complete?

PPL's way of completing the SS-4 notifies the IRS that you will be using PPL to file and deposit your employer taxes, even though you will be the official employer of your service providers.

If you have applied for an EIN in the past, complete lines 16a, 16b, and 16c. You must sign and date the bottom of the form.

Form SS-4 Application for Employer Identification Number <small>(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)</small>		OMB No. 1545-0043
<small>Form (Rev. December 2017) Department of the Treasury Internal Revenue Service</small>		EIN
1 Legal name of entity (or individual) for whom the EIN is being requested		
Employer Name		3 Executor, administrator, trustee, "care of" name
2 Trade name of business (if different from name on line 1)		Public Partnerships, LLC
4a Mailing address (room, apt., suite no. and street, or P.O. box)		5a Street address (if different) (do not enter a P.O. box)
1 Cabot Rd, STE 102		Employer Address
4b City, state, and ZIP code (if foreign, see instructions)		5b City, state, and ZIP code (if foreign, see instructions)
Medford, MA 02155		Employer City, State Zip Code
6 Country and state where principal business is located		
Employer Country and State		
7a Name of responsible party		7b SSN, TIN, or EIN
Employer Name		Employer SSN
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8b If "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN)		
<input type="checkbox"/> Partnership		
<input type="checkbox"/> Corporation (enter form number to be filed) <input type="checkbox"/> Trust (TIN of grantor)		
<input type="checkbox"/> Personal service corporation		
<input type="checkbox"/> Church or church-controlled organization		
<input type="checkbox"/> Other nonprofit organization (specify type) <input type="checkbox"/> REMIC		
<input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> HCSR Using Employer's Fiscal Agent Group Exemption Number (GEN) (if any)		
9b If a corporation, name the state or foreign country (if applicable) where incorporated		
State Foreign country		
10 Reason for applying (check only one box)		
<input type="checkbox"/> Started new business (specify type) <input type="checkbox"/> Banking purpose (specify purpose)		
<input type="checkbox"/> Purchased going business		
<input type="checkbox"/> Created a trust (specify type)		
<input type="checkbox"/> Created a pension plan (specify type)		
<input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> HCSR Using Employer's Fiscal Agent		
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year December
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		
Agricultural Household Other		
14 If you expect your employment tax liability to be \$1,000 or 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 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-retailer		
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> HCSR Using Employer's Fiscal Agent		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
<input checked="" type="checkbox"/> HCSR Household Employer Using Employer's Fiscal Agent		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," write previous EIN here		
Third Party Designee		
Designee's name		Designee's telephone number (include area code)
Address and ZIP 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) Employer Name		Applicant's telephone number (include area code)
Signature		Applicant's fax number (include area code)
Date		