

**IRS.gov**  
**EIN Online Application Questionnaire**

CLIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1. What type of legal structure is applying for an EIN?

**Sole Proprietor**

Includes individuals who are in business for themselves and household employees.

**Partnerships**

Includes partnerships and joint ventures.

**Corporations**

Includes S corporations, personal service corporations, real estate investment trusts (REIT) regulated investment conduits (RIC), and settlement funds.

**Limited Liability Company (LLC)**

A limited liability company (LLC) is a structure allowed by state statute and is formed by filing articles of organization with the state.

**Estate**

An estate is a legal entity created as a result of a person's death.

**Trusts**

All types of trusts including conservatorships, custodianship, guardianships, irrevocable trusts, revocable trusts, and receiverships.

2. How many members in the LLC? \_\_\_\_\_

What state is the business physically located? \_\_\_\_\_

3. Why is the LLC requesting an EIN?

**Started a new business**

Select this option if you are beginning a new business.

**Hired employee(s)**

Select this option if you already have a business and need to hire employees.

**Banking purposes**

Select this option if the reason for applying for the EIN is strictly to satisfy banking requirements or local law.

**Changed type of organization**

Select this option if you are changing the type of organization you currently operate, such as changing from sole proprietor to a partnership, changing from a partnership to a corporation, etc.

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**Purchased active business**

Select this option if you are purchasing a business that is already in operation.

**4. Who is the Responsible Party of the LLC?**

Please choose one:

  

**Individual**

**Existing business**

**5. You selected individual. Please tell us about the Responsible Party of the LLC.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Please choose one:

  

**I am one of the owners/members or the managing member of this LLC.**

**I am third party applying for an EIN on behalf of this LLC.**

**6. You selected existing business. Please tell us about the Responsible Party of the LLC.**

Business Name: \_\_\_\_\_

EIN: \_\_\_\_\_

Please choose one:

  

**I am one of the owners/members or the managing member of this LLC.**

**I am third party applying for an EIN on behalf of this LLC.**

**7. Business Address**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Do you have an address **different** from the above where you want your mail to be sent?

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<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, mailing address:

Street	_____
City	_____
State	_____
Zip Code	_____
Phone Number	_____

**8. About the LLC**

Legal Name of LLC	_____	(must match articles of organization if filled)
Trade Name/Doing business as	_____	(only if different from legal name)
County where LLC is located	_____	
State where LLC is located	_____	
State where articles filed	_____	
LLC start date (month/year)	_____	(date Filed on Articles of Organization)
ID Number	_____	

**9. More about the LLC**

Does your business own a highway motor vehicle with weight of 55,000 pounds or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your business involve gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your business need to file Form 720 (Excise Tax return)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your business sell/manufacture alcohol, tobacco, firearms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have or expect to have any employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No