



EIN REQUEST IN-TAKE FORM

1. Name of Entity: _____

2. Is there a DBA? No Yes

a. If yes, include DBA here: _____

3. Entity is a: Limited Liability Company Corporation

4. Date business started: _____

5. In what state is the entity being registered? _____

6. Physical Location of the Business (state): _____

7. Mailing Address:

8. Responsible Third Party

a. Business Individual

b. Name of business or individual: _____

c. What is your position within the entity? _____

d. SSN/FEIN: _____

9. Principal Activity Business (Select one):

- Health care & social assistance
- Construction
- Transportation & warehousing
- Wholesale-other
- Real estate
- Finance & insurance

- Wholesale-agent/broker
- Rental & leasing
- Accommodation & food service
- Retail
- Manufacturing
- Other (specify): _____