

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.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested Insert the club's name (be sure that "4-H" is included in the name)																	
2 Trade name of business (if different from name on line 1) LEAVE BLANK	3 Executor, administrator, trustee, "care of" name Enter your name (name of UWE 4-H Educator)																
4a Mailing address (room, apt., suite no. and street, or P.O. box) Enter the UWE county's MAILING address	5a Street address (if different) (Don't enter a P.O. box.) Only if DIFFERS-Enter the UWE county's PHYSICAL address																
4b City, state, and ZIP code (if foreign, see instructions) Enter the UWE county's MAILING address	5b City, state, and ZIP code (if foreign, see instructions) Only if DIFFERS-Enter the UWE county's PHYSICAL address																
6 County and state where principal business is located Enter the county's Name Wyoming																	
7a Name of responsible party University of Wyoming	7b SSN, ITIN, or EIN 83-6000331																
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☒ 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 entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. <table border="0"><tr><td>☐ Sole proprietor (SSN)</td><td>☐ Estate (SSN of decedent)</td></tr><tr><td>☐ Partnership</td><td>☐ Plan administrator (TIN)</td></tr><tr><td>☐ Corporation (enter form number to be filed) ▶</td><td>☐ Trust (TIN of grantor)</td></tr><tr><td>☐ Personal service corporation</td><td>☐ Military/National Guard State/local government</td></tr><tr><td>☐ Church or church-controlled organization</td><td>☐ Farmers' cooperative ☐ Federal government</td></tr><tr><td>☐ Other nonprofit organization (specify) ▶</td><td>☐ REMIC ☐ Indian tribal governments/enterprises</td></tr><tr><td>☐ Other (specify) ▶</td><td></td></tr></table>			☐ Sole proprietor (SSN)	☐ Estate (SSN of decedent)	☐ Partnership	☐ Plan administrator (TIN)	☐ Corporation (enter form number to be filed) ▶	☐ Trust (TIN of grantor)	☐ Personal service corporation	☐ Military/National Guard State/local government	☐ Church or church-controlled organization	☐ Farmers' cooperative ☐ Federal government	☐ Other nonprofit organization (specify) ▶	☐ REMIC ☐ Indian tribal governments/enterprises	☐ Other (specify) ▶		
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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) <table border="0"><tr><td>☐ Started new business (specify type) ▶</td><td>☒ Banking purpose (specify purpose) ▶ 4-H group operations</td></tr><tr><td>☐ Hired employees (Check the box and see line 13.)</td><td>☐ Changed type of organization (specify new type) ▶</td></tr><tr><td>☐ Compliance with IRS withholding regulations</td><td>☐ Purchased going business</td></tr><tr><td>☐ Other (specify) ▶</td><td>☐ Created a trust (specify type) ▶</td></tr><tr><td></td><td>☐ Created a pension plan (specify type) ▶</td></tr></table>			☐ Started new business (specify type) ▶	☒ Banking purpose (specify purpose) ▶ 4-H group operations	☐ Hired employees (Check the box and see line 13.)	☐ Changed type of organization (specify new type) ▶	☐ Compliance with IRS withholding regulations	☐ Purchased going business	☐ Other (specify) ▶	☐ Created a trust (specify type) ▶		☐ Created a pension plan (specify type) ▶					
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11 Date business started or acquired (month, day, year). See instructions. Enter the date you (the club) was chartered by UWE		12 Closing month of accounting year June															
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr></table>		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 \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. ☐												
Agricultural	Household	Other															
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. <table border="0"><tr><td>☐ Construction</td><td>☐ Rental & leasing</td><td>☐ Transportation & warehousing</td><td>☐ Health care & social assistance</td><td>☐ Wholesale-agent/broker</td></tr><tr><td>☐ Real estate</td><td>☐ Manufacturing</td><td>☐ Finance & insurance</td><td>☐ Accommodation & food service</td><td>☐ Wholesale-other</td></tr><tr><td colspan="3">☒ Other (specify) ▶ Youth Education</td><td>☐ Retail</td><td></td></tr></table>			☐ Construction	☐ Rental & leasing	☐ Transportation & warehousing	☐ Health care & social assistance	☐ Wholesale-agent/broker	☐ Real estate	☐ Manufacturing	☐ Finance & insurance	☐ Accommodation & food service	☐ Wholesale-other	☒ Other (specify) ▶ Youth Education			☐ Retail	
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17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.																	
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ No If "Yes," write previous EIN here ▶																	
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.																
	Designee's name Samantha Hillary Krieger	Designee's telephone number (include area code) 307.766.5170															
	Address and ZIP code 1000 East University Avenue Dept. 3354 Laramie WY 82071	Designee's fax number (include area code) 307.766.3998															
	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) ▶ Enter your name (UWE 4-H Educator)		Applicant's telephone number (include area code) Enter your UWE office number															
Signature ▶ Sign with your name (UWE 4-H Educator)		Applicant's fax number (include area code) Enter (if you have a fax number)															
Date ▶ Enter Date																	