

Fill in only entire arrows are for your command info.

Form **SS-4**  
(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

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

EIN

OMB No. 1545-0003

|   |  |   |  |
|---|--|---|--|
| 1 Legal name of entity (or individual) for whom the EIN is being requested<br><b>NAVAL OPERATIONAL SUPPORT CENTER</b>   |  | 3 Executor, trustee, "care of" name                         |  |
| 2 Trade name of business (if different from name on line 1)   |  | 5a Street address (if different) (Do not enter a P.O. box.) |  |
| 4a Mailing address (room, apt., suite no. and street, or P.O. box)  |  | 5b City, state, and ZIP code                                |  |
| 4b City, state, and ZIP code  |  | 6 County and state where principal business is located      |  |
| 7a Name of principal officer, general partner, grantor, owner, or trustee   |  | 7b SSN, ITIN, or EIN  |  |
| 8a Type of entity (check only one box)  |  |   |  |
| <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶   |  |   |  |
| <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input checked="" type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises   |  |   |  |
| Group Exemption Number (GEN) ▶  |  |   |  |
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated   |  | State Foreign country                                       |  |
| 9 Reason for applying (check only one box)  |  |   |  |
| <input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <b>OPEN ACCOUNT</b>   |  |   |  |
| <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶  |  |   |  |
| 10 Date business started or acquired (month, day, year)<br><b>MARCH 22, 2006</b>  |  | 11 Closing month of accounting year<br><b>SEPTEMBER</b>     |  |
| 12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <b>N/A</b>  |  |   |  |
| 13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶   |  |   |  |
| Agricultural Household Other<br><b>N/A N/A N/A</b>  |  |   |  |
| 14 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"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>U.S. GOVERNMENT MILITARY SUPPORT</b> |  |   |  |
| 15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.<br><b>SUPPORT U.S. GOVERNMENT MILITARY AND RESERVES</b>   |  |   |  |
| 16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |   |  |
| Note: If "Yes," please complete lines 16b and 16c.  |  |   |  |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  |  |   |  |
| Legal name ▶ Trade name ▶   |  |   |  |
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.   |  |   |  |
| Approximate date when filed (mo., day, year) City and state where filed Previous EIN  |  |   |  |

|                      |  |   |
|----------------------|--|---|
| 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  | 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) ▶

**COMMANDING OFFICER**

Signature ▶

Date ▶

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)

\* Be sure to tell IRS that you can't put a person's name on this because you change people every couple of years \*

SUPPORT