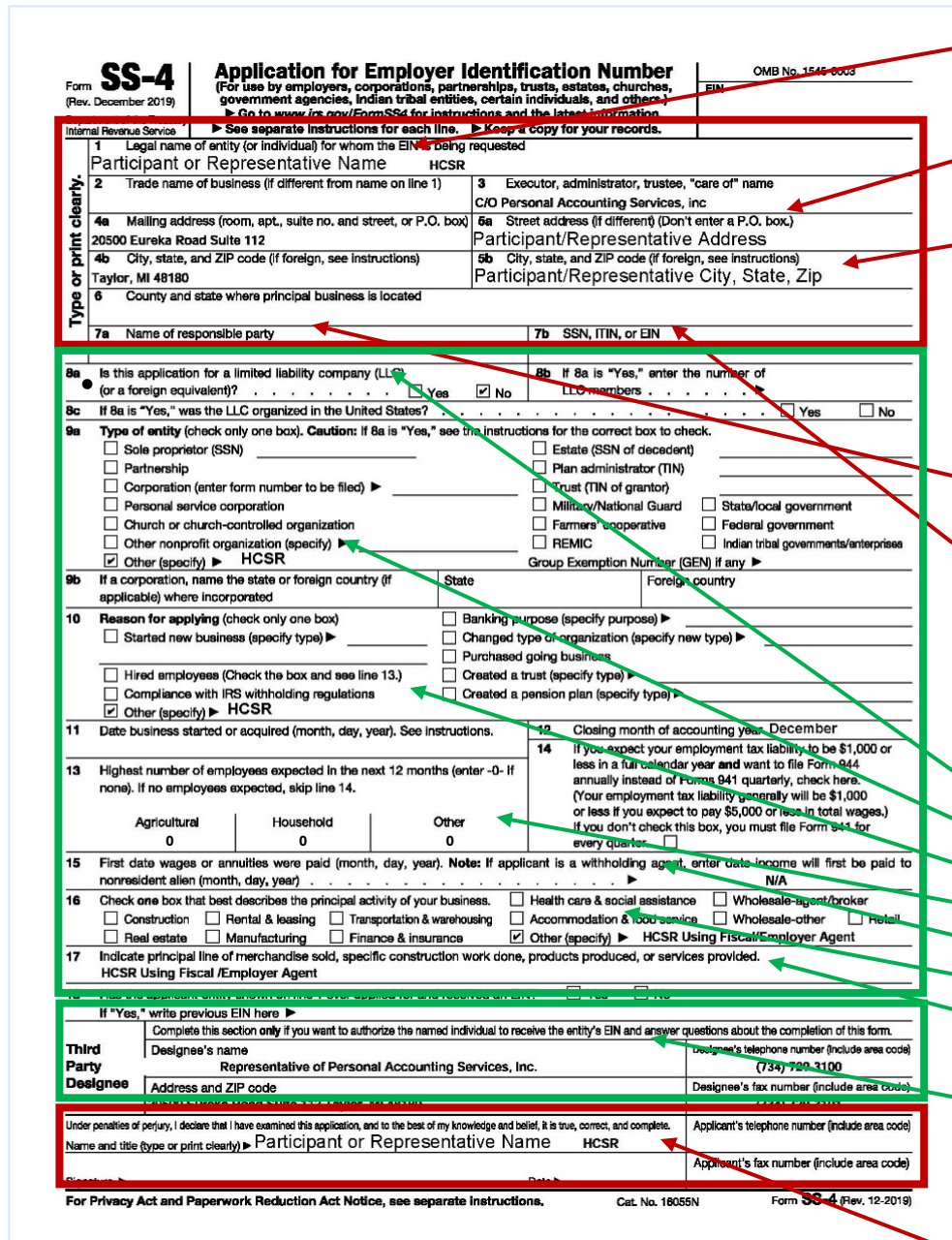


The **IRS Form SS-4** is used to obtain a Federal Employer Identification Number for a participant hiring Direct Care Professionals (employees) and using a fiscal/employer agent (or "FEA").



SS-4 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. 1545-0043

Internal Revenue Service

1 Legal name of entity (or individual) for whom the EIN is being requested
Participant or Representative Name HCSR

2 Trade name of business (if different from name on line 1) HCSR

3 Executor, administrator, trustee, "care of" name
C/O Personal Accounting Services, inc

4a Mailing address (room, apt., suite no. and street, or P.O. box)
20500 Eureka Road Suite 112

4b City, state, and ZIP code (if foreign, see instructions)
Taylor, MI 48180

5a Street address (if different) (Don't enter a P.O. box.)
Participant/Representative Address

5b City, state, and ZIP code (if foreign, see instructions)
Participant/Representative City, State, Zip

6 County and state where principal business is located

7a Name of responsible party

7b SSN, ITIN, or EIN

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

9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.
 Sole proprietor (SSN)
 Partnership
 Corporation (enter form number to be filed) ▶
 Personal service corporation
 Church or church-controlled organization
 Other nonprofit organization (specify) ▶
 Other (specify) ▶ **HCSR**

Estate (SSN of decedent)
 Plan administrator (TIN)
 Trust (TIN of grantor)
 Military/National Guard
 Farmers' cooperative
 REMIC
 State/local government
 Federal government
 Indian tribal governments/enterprises

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)
 Started new business (specify type) ▶
 Banking purpose (specify purpose) ▶
 Changed type of organization (specify new type) ▶
 Purchased going business
 Hired employees (Check the box and see line 13.)
 Compliance with IRS withholding regulations
 Other (specify) ▶ **HCSR**

Created a trust (specify type) ▶
 Created a pension plan (specify type) ▶

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 0 Household 0 Other 0

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 Form 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.

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) _____ N/A

16 Check one box that best describes the principal activity of your business.
 Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-agent/broker
 Real estate Manufacturing Finance & insurance Other (specify) ▶ **HCSR Using Fiscal/Employer Agent**
 Wholesale-other Retail

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HCSR Using Fiscal /Employer Agent

18 Has the applicant entity ever obtained a federal employer identification number? 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: Representative of Personal Accounting Services, Inc.
Designee's telephone number (include area code): (734) 729-3100
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) ▶ **Participant or Representative Name** HCSR
Applicant's telephone number (include area code) _____
Applicant's fax number (include area code) _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 18055N Form SS-4 (Rev. 12-2019)

Participant/representative to complete:

- **Box 1:** Participant/representative name
- **Box 5a:** Participant/representative address
- **Box 5b:** Participant/representative city, state, zip

Boxes 3, 4a,4b will be pre-filled.

Participant/representative to complete:

- **Box 7a:** Must be completed with same name as Box 1
- **Box 7b:** Participant/representative Social Security Number (SSN)

Fiscal/employer agent will have pre-checked boxes:

- 8a
- 9a
- 10
- 13 (Should be 0 in each spot)
- 15
- 16
- 17

Fiscal/employer agent will complete **Third Party Designee** section.

Participant/representative must complete, sign and date.

Note: The FEA will always apply for the Employer Identification Numbers (EINs) on behalf of the participant.