Form **SS-4**
(Rev. December 2023)
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.**
**Go to *www.irs.gov/FormSS4* for instructions and the latest information.**

OMB No. 1545-0003

**EIN**

**Type or print clearly.**

**1** Legal name of entity (or individual) for whom the EIN is being requested

**2** Trade name of business (if different from name on line 1)
Palco, Inc

**3** Executor, administrator, trustee, "care of" name
Palco, Inc. as 3504 Fiscal Employer Agent

**4a** Mailing address (room, apt., suite no. and street, or P.O. box)
PO Box 13260

**5a** Street address (if different) (Don't enter a P.O. box.)

**4b** City, state, and ZIP code (if foreign, see instructions)
Maumelle, AR 72113

**5b** City, state, and ZIP code (if foreign, see instructions)

**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 . . . . . .

**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.

- ☐ 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) Household Employer (HCSR)
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (TIN) _____
- ☐ Trust (TIN of grantor) _____
- ☐ Military/National Guard ☐
- ☐ Farmers' cooperative ☐
- ☐ REMIC ☐

Group Exemption Number (GEN) if any

**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)

- ☐ _____
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☒ Other (specify) Household Employer (HCSR)
- ☐ Banking purpose (specify purpose) _____
- ☐ Changed type of organization (specify new type) _____
- ☐ Purchased going business
- ☐ 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

**13** Highest number of employees expected in the next 12 months (enter -0- if none).

| Agricultural | Household | Other |
|---|---|---|
| | 3 | |

**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 will generally be $1,000 or less if you expect to pay $5,000 or less, $6,536 or less if you're in a U.S. territory, 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) . . . . . .

**16** Check **one** box that best describes the principal activity of your business.

☐ Health care & social assistance ☐ Wholesale-agent/broker
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☒ Other (specify) Household Employer (HCSR)

**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 | Designee's telephone number (include area code) |
|---|---|
| **Alicia Paladino** | 501.604.9936 |
| **Address and ZIP code** | **Designee's fax number (include area code)** |
| **PO Box 13260, Maumelle, AR 72113** | 501.821.0045 |

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.

Applicant's telephone number (include area code)

Name and title (type or print clearly)

Applicant's fax number (include area code)

Signature Date