

**DP-200** 

## REQUEST FOR DEPARTMENT IDENTIFICATION NUMBER (DIN)

BUSINESS ENTITY INFORMATION	
Business Name	
N. ob a Stand Address	DO NOT FILE THIS FORM
Number & Street Address	FOR AN SMLLC THAT ALREADY HAS ITS OWN FEIN.
City / Town State Zip Code + 4 (or Canadian Postal Code)	
You must use your Department Identification Number (DIN) on all of the documents filed with the DRA instead of the F Social Security Number (SSN).	ederal Employer Identification Number (FEIN) or
MEMBER OR TAXPAYER INFORMATION	
Member or Taxpayer Name	Taxpayer Identification Number
Number & Street Address	FEIN SSN
City / Town State Zip Code + 4 (or Canadian Postal Code)	
ENTITY TYPE: CORPORATION COMBINED GROUP FIDUCIARY PARTNERSHIP	PROPRIETORSHIP
For federal income tax purposes, the income of the SMLLC will be reported on the tax return of the member as list	ted above.
For federal income tax purposes, the income of the SMLLC will NOT be reported on the tax return of the member a	as listed above.
THE INCOME WILL BE REPORTED ON THE TAX RETURN FOR:	
Member or Taxpayer Name	Taxpayer Identification Number
Number & Street Address	FEIN SSN
City / Town State Zip Code + 4 (or Canadian Postal Code)	
SIGNATURE & INFORMATION	
Under penalties of perjury, I declare that I have examined this document and to the best of my belief it is true, correct a	and complete.
Signature (in ink) of Applicant MM	DDYYYY
Print Signatory Name & Title	

