



REQUEST FOR DEPARTMENT IDENTIFICATION NUMBER (DIN)

BUSINESS ENTITY INFORMATION

Business Name

Number & Street Address

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

**DO NOT FILE THIS FORM
FOR AN SMLLC THAT ALREADY
HAS ITS OWN FEIN.**

You must use your Department Identification Number (DIN) on all of the documents filed with the DRA instead of the Federal Employer Identification Number (FEIN) or Social Security Number (SSN).

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 listed above.

For federal income tax purposes, the income of the SMLLC will NOT be reported on the tax return of the member 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 and complete.

Signature (in ink) of Applicant

MMDYYYY

Print Signatory Name & Title