

Applying for an Employer Identification Number (EIN) Online

- Visit irs.gov
- Search for EIN
- Click on Apply for an Employer Identification Number (EIN) Online

Fill in the application as follows, pressing **continue** after each screen to advance

Your Progress:	1. Identify	2. Authenticate	3. Addresses	4. Details	5. EIN Confirmation
<h3>What type of legal structure is applying for an EIN?</h3> <p>Before applying for an EIN you should have already determined what type of legal structure, business, or type of organization is being established.</p> <p>Choose the type you are applying for. If you don't see your type, select "View Additional Types."</p> <ul style="list-style-type: none"><input type="radio"/> Sole Proprietor Includes individuals who are in business for themselves and household employers.<input type="radio"/> Partnerships Includes partnerships and joint ventures.<input type="radio"/> Corporations Includes S corporations, personal service corporations, real estate investment trusts (REIT), regulated investment conduits (RIC), and settlement funds.<input type="radio"/> Limited Liability Company (LLC) A limited liability company (LLC) is a structure allowed by state statute and is formed by filing articles of organization with the state.<input type="radio"/> Estate An estate is a legal entity created as a result of a person's death.<input type="radio"/> Trusts All types of trusts including conservatorships, custodianships, guardianships, irrevocable trusts, revocable trusts, and receiverships.<input checked="" type="radio"/> View Additional Types, Including Tax-Exempt and Governmental Organizations If none of the above fit what you are establishing, there are several others to choose from.					<h3>Help Topics</h3> <p>? What if I do not know what type of legal structure or organization to choose?</p>
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Additional Types

Choose the type you are applying for. You can click the underlined terms for a description.

- [Bankruptcy Estate \(Individual\)](#)
- [Block/Tenant Association](#)
- [Church](#)
- [Church-Controlled Organization](#)
- [Community or Volunteer Group](#)
- [Employer/Fiscal Agent \(under IRC Sec 3504\)](#)
- [Employer Plan \(401K, Money Purchase Plan, etc.\)](#)
- [Farmers' Cooperative](#)
- [Government, Federal/Military](#)
- [Government, Indian Tribal Governments](#)
- [Government, State/Local](#)
- [Homeowners/Condo Association](#)
- [Household Employer](#)
- [IRA](#)
- [Memorial or Scholarship Fund](#)
- [Plan Administrator](#)
- [Political Organization](#)
- [PTA/PTO or School Organization](#)
- [REMIC](#)
- [Social or Savings Club](#)
- [Sports Teams \(community\)](#)
- [Withholding Agent](#)
- [Other Non-Profit/Tax-Exempt Organizations](#)

Help Topics

[? What if I still do not know what type of structure or organization to choose?](#)

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Why is the Non-Profit/Tax-Exempt Organization requesting an EIN?

Choose **one** reason that best describes why you are applying for an EIN.

- Started a new business**
Select this option if you are beginning a new business.
- Hired employee(s)**
Select this option if you already have a business and need to hire employees.
- Banking purposes**
Select this option if the reason for applying for the EIN is strictly to satisfy banking requirements or local law.
- Changed type of organization**
Select this option if you are changing the type of organization you currently operate, such as changing from a sole proprietor to a partnership, changing from a partnership to a corporation, etc.
- Purchased active business**
Select this option if you are purchasing a business that is already in operation.

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Help Topics

[? I do not see my reason for applying here. What should I choose?](#)

[? What if more than one reason applies to me?](#)

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Please tell us about the Responsible Party.

*** Required fields**

Must match IRS records or this application cannot be processed.
The only punctuation and special characters allowed are hyphen (-) and ampersand (&).

First name *
Middle name/initial
Last name *
Suffix (Jr, Sr, etc.)
SSN/TIN * - -

Choose One: *

- I am a responsible and duly authorized [member](#) or [officer](#) having knowledge of this organization's affairs.
- I am a third party applying for an EIN on behalf of this organization.

Before continuing, please review the information above for typographical errors.

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Fill these in with the information of the contact for the Chapter or District. You will need to provide the Social Security Number of the applicant in order to proceed.

Use the First Name and Last Name of your Chapter or District Contact. The SSN or TIN used will have to match with that contact's name, well as the street address of the contact or the Chapter.



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Where is the Non-Profit/Tax-Exempt Organization physically located?

*** Required fields**

The only special characters allowed for street and city are - and /.
Note: Must be a U.S. address. Do not enter a P.O. box. [For military addresses click here.](#)

Street *
City *
State/U.S. territory *
ZIP code *
Phone number * - -

Should the mail be directed to a specific person or department within your organization? (This is commonly referred to as the "Care Of" name.)

If yes, please enter name:

Do you have an address **different** from the above where you want your mail to be sent? * Yes No

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Tell us about the Non-Profit/Tax-Exempt Organization.

***Required fields**

The only punctuation and special characters allowed are hyphen (-) and ampersand (&).
The trade name may not contain an ending such as 'LLC', 'LC', 'PLLC', 'PA', 'Corp', or 'Inc'.

Legal name of Non-Profit/Tax-Exempt Organization * MAIDS OF ATHENA PGP CLUB

Trade name/Doing business as (only if different from legal name)

County where Non-Profit/Tax-Exempt Organization is located * MONTGOMERY

State/Territory where Non-Profit/Tax-Exempt Organization is located * MARYLAND (MD)

Non-Profit/Tax-Exempt Organization start date * AUGUST 2019

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This is where you put in the name of your Chapter or District.

They should be formatted simply, ie:

Sons of Pericles 700

Maids of Athena District 80

AHEPA Chapter 987

The start date should be the current month and year.

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Tell us more about the Non-Profit/Tax-Exempt Organization.

*** Required fields**

Does your business own a [highway motor vehicle](#) with a [taxable gross weight](#) of 55,000 pounds or more? * Yes No

Does your business involve [gambling/waqqering](#)? * Yes No

Does your business need to file [Form 720](#) (Quarterly Federal [Excise Tax Return](#))? * Yes No

Does your business sell or manufacture alcohol, tobacco, or firearms? * Yes No

Do you have, or do you expect to have, any [employees who will receive Forms W-2](#) in the next 12 months? * (Forms W-2 require additional filings with the IRS.) Yes No

Before continuing, please review the information above.

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Help Topics

[? What is Form 720?](#)

- [Food Service](#)
Retail fast food, restaurant, bar, coffee shop, catering, or mobile food service.
- [Health Care](#)
Doctor, mental health specialist, hospital, or outpatient care center.
- [Insurance](#)
Insurance company or broker.
- [Manufacturing](#)
Mechanical, physical, or chemical transformation of materials/substances/components into new products, including the assembly of components.
- [Real Estate](#)
Renting or leasing real estate, managing real estate, real estate agent/broker, selling, buying, or renting real estate for others.
- [Rental & Leasing](#)
Rent/lease automobiles, consumer goods, commercial goods, or industrial goods.
- [Retail](#)
Retail store, internet sales (exclusively), direct sales (catalogue, mail-order, door to door), auction house, or selling goods on auction sites.
- [Social Assistance](#)
Youth services, residential care facility, services for the disabled, or community food/housing/relief services.
- [Transportation](#)
Air transportation, rail transportation, water transportation, trucking, passenger transportation, support activity for transportation, or delivery/courier service.
- [Warehousing](#)
Operating warehousing or storage facilities for general merchandise, refrigerated goods, or other warehouse products; establishments that provide facilities to store goods but do not sell the goods they handle
- [Wholesale](#)
Wholesale agent/broker, importer, exporter, manufacturers' representative, merchant, distributor, or jobber.
- Other

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Your Progress: 1. Identify ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details 5. EIN Confirmation

You have chosen Other.

Please choose **one** of the following that best describes your primary business activity:

- Consulting
- Manufacturing
- Organization (such as religious, environmental, social or civic, athletic, etc.)
- Rental
- Repair
- Sell goods
- Service
- Other – please specify your primary business activity:

This should read:
Fraternal Organization under the Lodge System

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Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

How would you like to receive your EIN Confirmation Letter?

You have **two** options for receiving your confirmation letter. Please choose one below:

Receive letter online. This option requires [Adobe Reader](#).
You will be able to view, print, and save this letter immediately. It will not be mailed to you.

Receive letter by mail. The IRS will send the letter to the mailing address you provided - allow up to 4 weeks for delivery.



Once you press continue on the last screen, you will be able to see and save your EIN letter. Please send a copy of that to headquarters in order for your EIN to be submitted to the IRS as one that is under the AHEPA Umbrella. **This is incredibly important!**

SOP & MOA – Send your EIN letter to stephanie@ahempa.org

AHEPA – Send your EIN letter to sam@ahempa.org