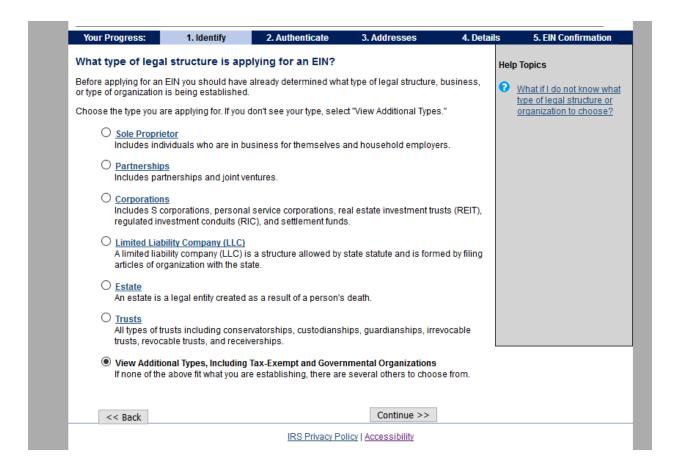
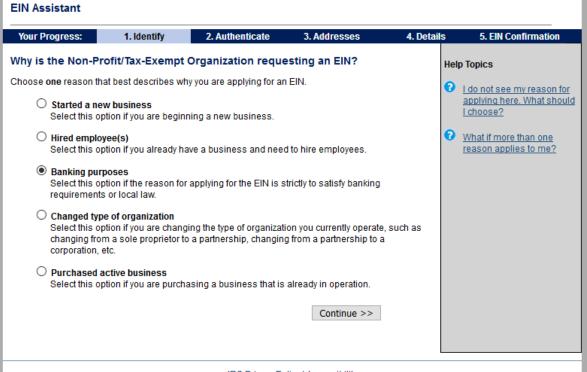
Applying for an Employer Identification Number (EIN) Online

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

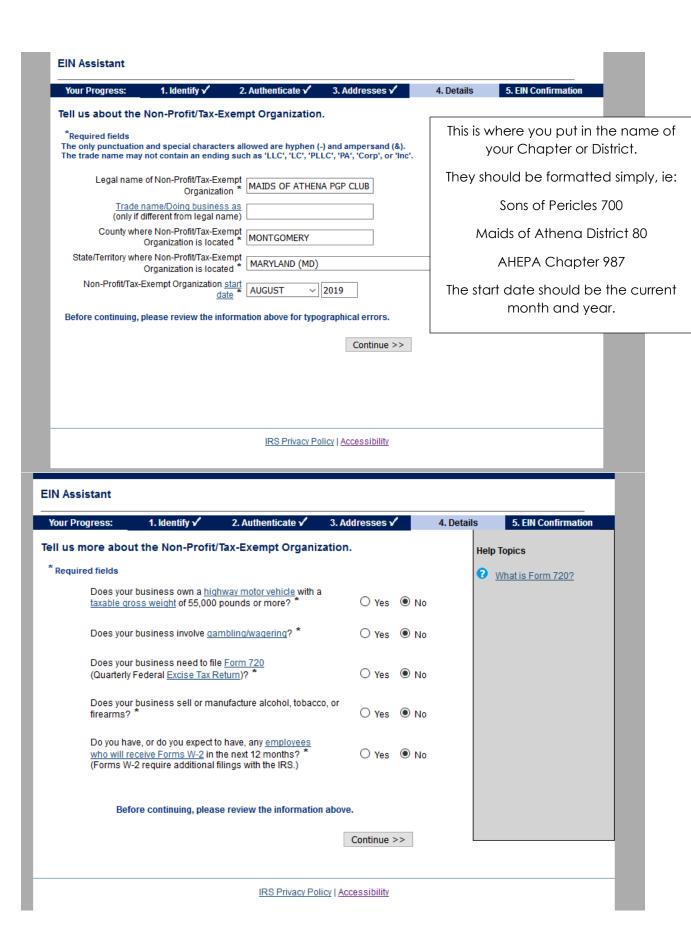
Fill in the application as follows, pressing continue after each screen to advance



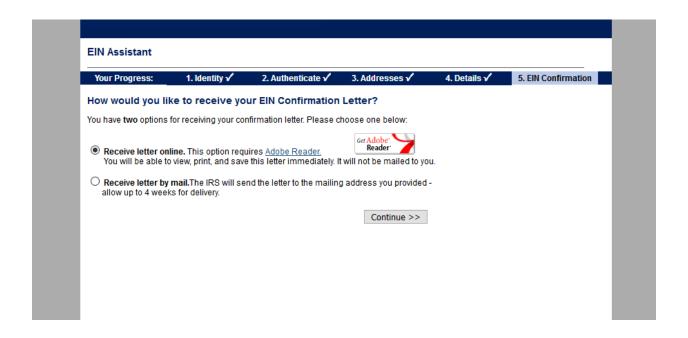
EIN Assistant							
Your Progress:	1. Identify	2. Authenticate	3. Addresses	4. Detai	ls 5. EIN Confirmation		
Additional Types				Help Topics			
Choose the type you	What if I still do not know						
O Bankruptcy Estate (Individual)			O Household Employer what type of structure o organization to choose?				
O Block/Tenai	nt Association		O <u>IRA</u>				
O Church			O Memorial or Scholarship				
O Church-Cor	ntrolled Organization		O Plan Administrator				
O Community	or Volunteer Group		O Political Organization				
O Employer/F	iscal Agent (under IRC	Sec 3504)	O PTA/PTO or School Organ	nization			
O Employer P	lan (401K, Money Purc	hase Plan, etc.)	O <u>REMIC</u>				
O Farmers' Cooperative			O Social or Savings Club				
O Government, Federal/Military			O Sports Teams (communi				
O Government, Indian Tribal Governments			O Withholding Agent				
O Government, State/Local			Other Non-Profit/Tax-Exer				
O Homeowners/Condo Association			<u>Organizations</u>				
<< Back			Continue >>				
		IRS Privac	y Policy Accessibility				



EIN Assistant 1. Identify 🗸 2. Authenticate 3. Addresses Your Progress: 4. Details 5. EIN Confirmation Please tell us about the Responsible Party. * Required fields Fill these in with the Must match IRS records or this application cannot be processed. The only punctuation and special characters allowed are hyphen (-) and ampersand (&). information of the contact for the Chapter or District. First name * Stephanie You will need to provide Middle name/initial the Social Security Number of the applicant in order to Last name * Maniatis proceed. Suffix (Jr, Sr, etc.) Select One V Use the First Name and Last SSN/ITIN * Name of your Chapter or Choose One: * District Contact. The SSN or I am a responsible and duly authorized member or officer having knowledge of this organization's TIN used will have to match with that contact's name. O I am a third party applying for an EIN on behalf of this organization. well as the street address of the contact or the Before continuing, please review the information above for typographical errors. Chapter. Continue >> << Back IRS Privacy Policy | Accessibility **級郷IK**ろ.gov **EIN Assistant** 3. Addresses Your Progress: 1. Identify √ 2. Authenticate 🗸 4. Details 5. EIN Confirmation 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 * Rockville State/U.S. territory * MARYLAND (MD) ZIP code * 20850 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 O Yes No your mail to be sent? * Before continuing, please review the information above for typographical errors. Continue >> IRS Privacy Policy | Accessibility



O <u>Food Service</u> Retail fast food,	restaurant, bar, coff	fee shop, catering, or mo	bile food service.				
O <u>Health Care</u> Doctor, mental h	nealth specialist, ho	spital, or outpatient care	center.				
O <u>Insurance</u> Insurance comp	pany or broker.						
		ransformation of materia bly of components.	ls/substances/compone	nts into			
O <u>Real Estate</u> Renting or leasi or renting real e		naging real estate, real es	state agent/broker, sellin	g, buying,			
O <u>Rental & Leasin</u> Rent/lease auto		r goods, commercial goo	ods, or industrial goods.				
	ernet sales (exclusion or selling goods on	vely), direct sales (catalo auction sites.	gue, mail-order, door to d	door),			
O <u>Social Assistan</u> Youth services, relief services.		ility, services for the disab	oled, or community food/I	nousing/			
		n, water transportation, tr r delivery/courier service.		portation,			
	e products; establis	facilities for general mer shments that provide faci					
 Wholesale Wholesale ager distributor, or jol Other 		exporter, manufacturers' r	representative, merchant	i,			
			Continue >>				
<< Back		IRS Privacy Polic				_	
						. 1	
Your Progress:	1. Identify ✓	2. Authenticate 🗸	3. Addresses ✓	4. Details	5. EIN Confirmat	tion	
ou have chosen (Other.					-	
Please choose one of th	ne following that be	st describes your primary	business activity:				
O Consulting							
Manufacturing	1						
Organization (such as religious, e	environmental, social or o	civic, athletic, etc.)				
O Rental							
O Repair							
O Repair O Sell goods				This	should read:	:	
					should read: ernal Organi		nder the
O Sell goods O Service	e specify your prima	ary business activity. Za	tion under the lodge sy:	Frat			nder the



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@ahepa.org

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