

SS-4 記入例：個人（個人事業主）の場合

ここでは、はじめて個人（個人事業主）として、申請を希望する方を対象として作成しました。

この資料は、あくまでも参考資料としてご利用下さい。

（記入方法については <https://kdp.amazon.co.jp/help?topicId=201022180> を参考にしました。）

Form SS-4 (Rev. January 2010) 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.		OMB No. 1545-0003 EIN
1 Legal name of entity (or individual) for whom the EIN is being requested Suzuki Taro				
2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name		
4a Mailing address (room, apt., suite no., and street, or P.O. box) Apartment No. 101, 1-2-3 Hitotsubashi		5a Street address (if different) (Do not enter a P.O. box.)		
4b City, state, and ZIP code (if foreign, see instructions) Chiyoda-ku, Tokyo 100-0003		5b City, state, and ZIP code (if foreign, see instructions)		
6 Country and state where principal business is located Japan				
7a Name of responsible party Suzuki Taro		7b SSN, ITIN, or EIN		
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.				
<input checked="" type="checkbox"/> Sole proprietor (SSN)				
<input type="checkbox"/> Partnership				
<input type="checkbox"/> Corporation (enter form number to be filed) ▶				
<input type="checkbox"/> Personal service corporation				
<input type="checkbox"/> Church or church-controlled organization				
<input type="checkbox"/> Other nonprofit organization (specify) ▶				
<input type="checkbox"/> Other (specify) ▶				
<input type="checkbox"/> Estate (SSN of decedent)				
<input type="checkbox"/> Plan administrator (TIN)				
<input type="checkbox"/> Trust (TIN of grantor)				
<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government				
<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military				
<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises				
<input type="checkbox"/> Group Exemption Number (GEN) if any ▶				
9b If a corporation, name the state or foreign country (if applicable) where incorporated				
10 Reason for applying (check only one box)				
<input type="checkbox"/> Started new business (specify type) ▶				
<input type="checkbox"/> Banking purpose (specify purpose) ▶				
<input type="checkbox"/> Changed type of organization (specify new type) ▶				
<input type="checkbox"/> Purchased going business				
<input type="checkbox"/> Created a trust (specify type) ▶				
<input checked="" type="checkbox"/> Hired employees (Check the box and see line 13.)				
<input type="checkbox"/> Created a pension plan (specify type) ▶				
<input checked="" type="checkbox"/> Compliance with IRS withholding regulations				
<input checked="" type="checkbox"/> Other (specify) ▶ To obtain a reduction of withholding imposed by section 1441 pursuant to an income tax treaty.				
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). If no employees expected, skip line 14.				
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 generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>				
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.				
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker				
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)				
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," write previous EIN here ▶				
Third Party Designee				
Designee's name		Designee's telephone number (include area code)		
Address and ZIP code		Designee's fax number (include area code)		
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.				
Name and title (type or print clearly) ▶ Suzuki Taro		Applicant's telephone number (include area code) (813) 12345678		
Signature ▶ 署名		Applicant's fax number (include area code) (813) 12345678		
Date ▶ 日付				
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 1-2010)				

1. 名前

個人（個人事業主）の場合、通常個人名が入ります。

First Name (名) Family Name (姓)

4a. 住所

マンション名と部屋番号、番地

4b. 住所

市町村区、都道府県 郵便番号

6. 国

Japan

7a. 当事者

1. と同様に名前を入れます。

（この書類は、個人事業主だけでなく、法人の申請でも使用するため、このような形式になっているので、重複することになります。）

8a. 有限責任会社の設立のための申請であるか否かの質問

「 No」を選択。

9a. 法人の区分

個人事業主ということで、

「 Sole proprietor」を選択。

10. 申請理由

「 Compliance with IRS withholding regulations」を選択

また、

「 Other (specify)」を選択し、その横に

「To obtain a reduction of withholding imposed by section 141 pursuant to an income tax treaty」

（所得税に関する租税条約に基づいて、1441 項で課せられた源泉徴収税を軽減するため）と記入。

18. 申請者が以前に EIN を申請したことがあるか否かの質問

はじめてですので、「 No」を選択します。

署名、日付、電話番号、Fax 番号

・名前を (1) と (7a) と同じように記入します。

・電話番号と Fax 番号は () 内は 3 桁、その右側には 8 桁、合計 11 桁の入力が可能です。

東京の場合、81 (国) +3+XXXX+XXXX はキー入力が可能ですが、それ以上の桁の場合は、手書きとなります。

全ての入力後、印刷し、「署名」と「日付」を手書します。日付は、「05/31/2014 (月/日/年)」と記入します。