

# IRS Forms

IRS forms may be obtained through [www.irs.gov](http://www.irs.gov)

Officers of GWRRA should be familiar with the following IRS forms:

- SS-4** Application for Employer Identification Number (See sample below)  
All new U.S. Chapters, District and Regions should file SS-4
- 8822** Change of Address  
Form 8822 should be filed for changes in primary officers ie: CDs, DDs, RDs
- 990** Return of Organization Exempt Form Income Tax  
Form 990 should be filed if annual gross receipts are \$25,000 or more
- 990T** Exempt Organization Business Income  
Form 990T should be filed if UBI is \$1,000 or more

Form **SS-4** Application for Employer Identification Number  
(Rev. February 1998) (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)  
Department of the Treasury Internal Revenue Service OMB No. 1545-0003

**1** Name of applicant (legal name) (see instructions)  
MT Z Chapter, Gold Wing Road Riders Association

**2** Trade name of business (if different from name on line 1)  
Same as above

**3** Executor, trustee, "care of" name  
In care of Chapter Area Representative

**4a** Mailing address (street address) (room, apt., or suite no.)  
Your Chapter's address

**4b** City, state, and ZIP code  
different from 4A

**5a** Business address (if different from address on lines 4a and 4b)  
different from 4A

**5b** City, state, and ZIP code

**6** County and state where principal business is located  
County and state of your Chapter's address

**7** Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶  
Area Representative's name

**8a** Type of entity (Check only one box.) (see instructions)  
**Caution:** If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN)  Partnership  REMIC  State/local government  Church or church-controlled organization  Other nonprofit organization (specify) ▶ Fraternal Assoc. (enter GEN if applicable) N/A

Estate (SSN of decedent)  Plan administrator (SSN)  Other corporation (specify) ▶  Trust  Federal government/military

**8b** If a corporation, name the state or foreign country where incorporated  
Your state

**9** Reason for applying (Check only one box.) (see instructions)  
 Started new business (specify type) ▶  Changed type of organization (specify new type) ▶  Purchased existing business  Hired employees (Check the box and see line 12.)  Created a pension plan (specify type) ▶  Created a trust (specify type) ▶  Other (specify) ▶ Checking acct.

**10** Date business started or acquired (month, day, year) (see instructions)  
Date Chapter started

**11** Closing month of accounting year (see instructions)  
December

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ N/A

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ▶  Nonagricultural  Agricultural  Household

**14** Principal activity (see instructions) ▶ Fraternal/educational/social association of motorcycle

**15** Is the principal business activity manufacturing? . . . . . owners  Yes  No  
If "Yes," principal product and raw material used ▶

**16** To whom are most of the products or services sold? Please check one box.  
 Public (retail)  Other (specify) ▶ Chapter membership  Business (wholesale)  N/A

**17a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ same as above  
Trade name ▶

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) ▶ City and state where filed ▶ Previous EIN ▶

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

Business telephone number (include area code) officer's phone  
Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ Print name and title of officer

Signature ▶ Officer's signature Date ▶ date

Note: Do not write below this line. For official use only.

Geo.	Ind.	Class	Size	Reason for applying

Please leave blank ▶

For Paperwork Reduction Act Notice, see page 4. Cat. No. 16055N Form **SS-4** (Rev. 2-98)