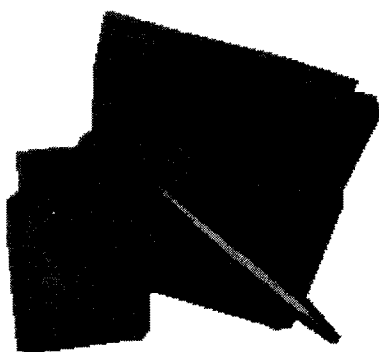


How to get a Federal EIN number for your NA area or group

How can my group get a Federal Employer Identification Number (EIN) to open a bank account?



You can obtain a tax id (called a Federal Employer Identification Number) for your group over the phone by calling the Cincinnati IRS office at 1-800-829-4933 and asking for the EIN operation.

Step 1 - Download and print the SS-4 Form.

Download IRS Forms and Instructions

[1201 Form SS-4 \(PDF\) Application for Employer Identification Number \(27.9K\) PDF](#)

[1201 Inst SS-4 \(PDF\) Instructions \(43.8K\) PDF](#)

You need the Adobe Acrobat Reader Software to print PDF files. Get your free copy by clicking on the icon below.



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Step 2 - Fill out your form

You may use the sample shown here as a guide. Specify the group is a non-profit organization whose principal business is self-help.

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.

EIN [REDACTED]
 OMB No. 1545

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
SPIRITUAL JOURNEY GROUP OF NARCOTICS ANONYMOUS

2 Trade name of business (if different from name on line 1) _____

3 Executor, trustee, "care of" name _____

4a Mailing address (room, apt., suite no. and street, or P.O. box) _____

4b City, state, and ZIP code _____

5 County and state where principal business is located
DUPAGE, ILLINOIS

6a Street address (if different) (Do not enter a P.O. box) _____

6b City, state, and ZIP code _____

7a Name of principal officer, general partner, grantor, owner, or trustee _____

7b SSN, ITIN, or EIN _____

8a Type of entity (check only one box)

Sole proprietor (SSN) _____

Partnership _____

Corporation (enter form number to be filed) ▶ _____

Personal service corp. _____

Church or church-controlled organization _____

Other nonprofit organization (specify) ▶ SELF HELP GROUP

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Trust (SSN of grantor) _____

National Guard _____

Farmers' cooperative _____

REMIC _____

State/local government _____

Federal government/milit _____

Indian tribal governments _____

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State _____ Foreign country _____

9 Reason for applying (check only one box)

Started new business (specify type) ▶ _____

Hired employees (Check the box and see line 12.) _____

Compliance with IRS withholding regulations _____

Other (specify) ▶ _____

Banking purpose (specify purpose) ▶ CHECKING

Changed type of organization (specify new type) ▶ _____

Purchased going business _____

Created a trust (specify type) ▶ _____

Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
JAN 1, 2002

11 Closing month of accounting year
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 in first be paid to nonresident alien. (month, day, year) _____

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".

Agricultural 0 Household 0

14 Check one box that best describes the principal activity of your business.

Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-agent/brok

Real estate Manufacturing Finance & insurance Other (specify) SELF HELP

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
N/A

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or Legal name ▶ _____ Trade name ▶ _____

16c 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 _____

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee

Designee's name _____

Address and ZIP code _____

Designee's telephone number (include area 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) ▶ _____

Signature ▶ _____ Date ▶ 1/31/2002

Applicant's telephone number (include area code) _____

Applicant's fax number (include area code) _____