

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](#)

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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.)

EIN [REDACTED]
 OMB No. 1545

▶ See separate instructions for each line. ▶ Keep a copy for your records.

1 Legal name of entity (or individual) for whom the EIN is being requested SPIRITUAL JOURNET 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)	5a Street address (if different) (Do not enter a P.O. box.)
4b City, state, and ZIP code	5b City, state, and ZIP code
6 County and state where principal business is located DUPAGE, ILLINOIS	
7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/milit
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ SELF HELP GROUP	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) ▶

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

State	Foreign country
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9 Reason for applying (check only one box)

<input type="checkbox"/> Started new business (specify type) ▶	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ CHECKING
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> 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	Household
0	0

14 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"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/brok
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input checked="" type="checkbox"/> 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
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Third Party Designee

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	
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) ▶ [REDACTED]

Signature ▶ [REDACTED] Date ▶ **1/31/2002**

Applicant's telephone number (include area code) ▶ [REDACTED]

Applicant's fax number (include area code) ▶ [REDACTED]

