



Opening a Club Bank Account

Does your club need to open a bank account? To do that (and for tax purposes), you will need an *Employer Identification Number*.

1) Complete the *Application for an Alabama 4-H Club Official Charter*.

Get your application approved by the County Extension Office. The County Office simply notes approval on the bottom of the form and returns a copy of the form to the Club. This serves as your “official letter” of approval.

2) Develop financial by-laws for the club. See *Your Constitution and By-Laws* section for a sample. Please note that these are only an example. Yours may look much different.

3) Go to: <http://www.irs.gov/pub/irs-pdf/fss4.pdf> and obtain a *Form SS-4 Application for Employer Identification Number*. The instructions are at <http://www.irs.gov/pub/irs-pdf/iss4.pdf>

A sample form is on the following page that shows which sections need to be completed. Note that the Alabama 4-H/ACES *Group Exemption Number (GEN)* is 2704.

Follow the instructions and you will be able to get your *Employee Identification Number* immediately by applying on-line or by telephone.

Every bank has slightly different form requirements for opening a bank account, but it should be a simple process once you have obtained your *Employee Identification Number*.



Alabama 4-H 101 – Information for Staff and Volunteers

Form **SS-4**

(Rev. December 2001)
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.

EIN
OMB No. 1545-0003

Type or print clearly.	1	Legal name of entity (or individual) for whom the EIN is being requested Solid Rock 4-H Club (Name of Chartered Club)		
	2	Trade name of business (if different from name on line 1) Alabama 4-H	3	Executor, trustee, "care of" name Vanessa Volunteer (Volunteer Leader's Name)
	4a	Mailing address (room, apt., suite no. and street, or P.O. box) Address of Volunteer Leader	5a	Street address (if different) (Do not enter a P.O. box.) Address of Volunteer Leader
	4b	City, state, and ZIP code Fort Clover, AL 36363	5b	City, state, and ZIP code Fort Clover, AL 36363
	6	County and state where principal business is located My County, Alabama		
	7a	Name of principal officer, general partner, grantor, owner, or trustee [N/A]	7b	SSN, ITIN, or EIN [N/A]
	8a	Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ 4-H <input type="checkbox"/> Other (specify) ▶ _____		
		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN 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 Group Exemption Number (GEN) ▶ 2704		
	8b	If a corporation, name the state or foreign country (if applicable) where incorporated [N/A]	State [N/A]	Foreign country
	9	Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ Club Fund <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 type="checkbox"/> Created a pension plan (specify type) ▶ _____		
10	Date business started or acquired (month, day, year) Date Authorized By County Exten. Coordinator	11	Closing month of accounting year [N/A]	
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) ▶ [Leave Blank]			
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 N/A	Household N/A	
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/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Club Fund <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
15	Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.			
16a	Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 2 above. 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 _____			
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 Name of County Coordinator	Designee's telephone number (include area code) () [Include #]		
	Address and ZIP code [Include County ACES Address]	Designee's fax number (include area code) () [Include #]		
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) ▶ Vanessa Volunteer, 4-H Leader		Applicant's telephone number (include area code) () [Include #]		
Signature ▶ Vanessa Volunteer		Applicant's fax number (include area code) () [Include #]		
Date ▶ 00/00/00				

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)