

**DATA SHEET  
FOR  
MULTIPLE MEMBER  
LIMITED LIABILITY COMPANY**

Name and address of Company: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Registered Agent (include address if not a member): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Members:

Name and address	Primary Capital Contribution	Number of Units
_____	_____	_____
_____		
_____		
SS# _____		
_____	_____	_____
_____		
_____		
SS# _____		
_____	_____	_____
_____		
_____		
SS# _____		
_____	_____	_____
_____		
_____		
SS# _____		

Apply for EIN: \_\_\_\_\_

If yes:            Partnership            Corporate

Date business started or acquired (Mo., day, year) (See instructions.)	Enter closing month of accounting year.
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First date wages or annuities were paid or will be paid

Enter 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 "O" .....	Nonagricultural	Agricultural	Household
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Principal activity (See instructions.) +

Is the principal business activity manufacturing? 9 Yes 9 No  
 If "Yes", principal product and raw material used +

To whom are most of the products or services sold? Please check the appropriate box. 9 Business (wholesale)  
 9 Public (retail) 9 Other (specify) + 9 N/A

Name of tax matters person

Have you ever applied for an employer identification number for this or any other business?  Yes  No IF yes, answer the following:  
 Applicants' legal name and trade name shown on prior application if different than this LLC

Legal Name	Trade Name
Approximate date when started	
City and State where filed	
Previous EIN	