



**REQUEST FOR DEPARTMENT IDENTIFICATION NUMBER (DIN)**

**BUSINESS ENTITY INFORMATION**

Business Name

Number & Street Address

City / Town State Zip Code + 4 (or Canadian Postal Code)

**DO NOT FILE THIS FORM  
 FOR AN SMLLC THAT ALREADY  
 HAS ITS OWN FEIN.**

You must use your Department Identification Number (DIN) on all of the documents filed with the DRA instead of the Federal Employer Identification Number (FEIN) or Social Security Number (SSN).

**MEMBER OR TAXPAYER INFORMATION**

Member or Taxpayer Name/Last Name First Name MI Taxpayer Identification Number

Number & Street Address

City / Town State Zip Code + 4 (or Canadian Postal Code)

FEIN  SSN

**ENTITY TYPE:**  CORPORATION  COMBINED GROUP  FIDUCIARY  PARTNERSHIP  PROPRIETORSHIP

- For federal income tax purposes, the income of the SMLLC will be reported on the tax return of the member as listed above.
- For federal income tax purposes, the income of the SMLLC will NOT be reported on the tax return of the member as listed above.

**THE INCOME WILL BE REPORTED ON THE TAX RETURN FOR:**

Member or Taxpayer Name/Last Name First Name Taxpayer Identification Number

Number & Street Address

City / Town State Zip Code + 4 (or Canadian Postal Code)

FEIN  SSN

**SIGNATURE & INFORMATION**

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

Signature (in ink) of Applicant MMDYYYY

Print Signatory Name & Title