

Information regarding Legal Business Name and required documents as part of your application

Below is the information that will be required for the Department to create your contract. Please note that a W-9 is not an acceptable form for providing this information.

A. Returning Vendor Applicants

A New York State Fair Application for Space is emailed to all approved returning vendor applicants each year. Applications must be completed and returned by the date set.

For proof of the legal business name (please see categories below) the applicant must provide the top portion ONLY of the current or most recent tax return, which includes Legal Business Name, Address, and Federal Tax ID Number, e.g., Form 1040, 1120, 1065. All financial details may be redacted.

Not-For-Profit entities see Section C below for details.

Returning vendors who have changed their Legal Business Name or Tax ID Number, must submit the new IRS letter, Form SS-4.

Please see information below regarding acceptable tax documents.

B. New Vendor Applicants

New applications are posted on the State Fair's website. Applications must be submitted electronically.

- A clear color photograph or detailed schematic drawing of the exhibit/booth.
- Sufficient literature describing the product/services to be offered.
- At least two (2) references from similar events that the applicant has participated in, along with contact information for the events.

Applicants who file as individuals must provide the top portion of the most recent tax return, Form 1040, to include the Individual's Name, Address, and Social Security Number.

Applicants who file as other than individual must provide the IRS letter, Form SS-4, to include the Legal Business Name, Address, and Employer Identification Number. Not-For-Profit entities must submit Form 990.

If you need a copy of Form SS-4, please contact www.IRS.gov, call 1-800-829-3676 (TTY/TDD 1-800-829-4059), or your local IRS office.

Please see information below regarding acceptable tax documents.

C. Examples of Legal Business Name and documents required:

Individual:

Files Federal Taxes using individual Name and Social Security Number, generally on Form 1040.

- The Legal Business Name will be: John Doe

Doing Business As (DBA):

Files Federal Taxes using individual Name and a Business Name, and either Social Security Number or Employer ID Number (EIN), generally on Form 1040, Schedule C.

- The Legal Business Name will be: John Doe DBA Fair Treats

Corporation, Partnership, LLC, etc.:

Files Federal Taxes using a Business Name and EIN number, generally on Forms 1065 or 1120.

- The Legal Business Name will be: Fair Treats

Not-For-Profit Entities:

- Copy of IRS Designation Letter showing your IRS Designation.
- Copy of your current or previous filing year IRS Tax Form showing the Legal Business Name, Legal Business Address and EIN number on Form 990 or Form 1120. This can also include the acceptance of the filing from the IRS noting the current filing.
- The Legal Business Name will be: Fair Treats

D. Examples of Tax Documents or IRS Letter ***

Only the top portion of the tax document, or first page of Form SS-4, is required, to include Legal Name, Address, and Social Security or Employer ID Numbers. All other information should be redacted.

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2022 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial	Last name	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.		
Foreign country name	Foreign province/state/county	Foreign postal code

Form **1120** Department of the Treasury Internal Revenue Service
U.S. Corporation Income Tax Return OMB No. 1545-0123

For calendar year 2022 or tax year beginning _____, 2022, ending _____, 2022

Go to www.irs.gov/Form1120 for instructions and the latest information.

A Check it:
 1a Consolidated return (attach Form 851)
 b Life/estate consolidated return
 2 Personal holding co. (attach Sch. PH)
 3 Personal service corp. (see instructions)
 4 Schedule M-3 attached

E Check it: (1) Initial return (2) Final return (3) Name change (4) Address change

Name	B Employer identification number
Number, street, and room or suite no. If a P.O. box, see instructions.	C Date incorporated
City or town, state or province, country, and ZIP or foreign postal code	D Total assets (see instructions) \$

Form **1065** Department of the Treasury Internal Revenue Service
U.S. Return of Partnership Income OMB No. 1545-0123

For calendar year 2022, or tax year beginning _____, 2022, ending _____, 2022

Go to www.irs.gov/Form1065 for instructions and the latest information.

A Principal business activity	Name of partnership	D Employer identification number
B Principal product or service	Number, street, and room or suite no. If a P.O. box, see instructions.	E Date business started
C Business code number	City or town, state or province, country, and ZIP or foreign postal code	F Total assets (see instructions) \$

SCHEDULE C (Form 1040) Department of the Treasury Internal Revenue Service
Profit or Loss From Business (Sole Proprietorship) OMB No. 1545-0074

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
A Principal business or profession, including product or service (see instructions)	B Enter code from instructions
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) City, town or post office, state, and ZIP code	

Date of this notice: 05-02-2024

Employer Identification Number:
55-555555

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us
at: 1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

BUSINESS NAME LLC
 JOHN DOE SOLE MBR
 610 ANY STREET
 ANYTOWN, NY 75201

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 55-555555. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and is opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or relying on any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

SAMPLE

Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 <div style="border: 2px solid black; padding: 5px; display: inline-block;"> 2023 Open to Public Inspection </div>
A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20		
B Check if applies: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite City or town, state or province, country, and ZIP or foreign postal code	D Employer identification number E Telephone number G Gross receipts \$
F Name and address of principal officer: I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
J Website: K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number L Year of formation: M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.