



**MI-SS-02, Application for Employer Identification Number (EIN)**

1. Business name:		2. Business address:		Issued EINumber (to be provided by issuing officer):  -04																				
3. Type of business: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership: Formation of Partnership required <input type="checkbox"/> Private Corporation: Corporate Charter required <input type="checkbox"/> Non-Resident Entity (Corporation) : Non-Resident Entity Report required <input type="checkbox"/> Joint venture <input type="checkbox"/> Government (specify) _____  <input type="checkbox"/> Others (specify) _____  <input type="checkbox"/> Profit <input type="checkbox"/> Non-profit *if non-profit <input type="checkbox"/> with payroll <input type="checkbox"/> without payroll  <input type="checkbox"/> Domestic/local <input type="checkbox"/> Foreign _____		4. Telephone number:	5. Fax number:																					
		6. E-mail address:																						
		7. If applicable, affiliated companies/owner(s) and contact(s): _____ _____ _____ _____																						
8. Business description: (e.g. construction, hotel, etc.)																								
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">9. Name of owner(s) or officer(s)</th> <th style="width:15%;">Position title</th> <th style="width:15%;">Nationality</th> <th style="width:30%;">Social Security Number</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Note: If it is a corporate employer, please indicate the officers in the organization.</p>					9. Name of owner(s) or officer(s)	Position title	Nationality	Social Security Number	1. _____	_____	_____	_____	2. _____	_____	_____	_____	3. _____	_____	_____	_____	4. _____	_____	_____	_____
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_____	_____	_____																						
11. Are you engaging with Non-Marshallese partner(s)? If so, please indicate name(s) and citizenship. _____ _____																								
12. Business will start or has started on (in the Marshall Islands):		13. Number of employee(s): Regular _____ Part-time _____		14. Annual gross revenue: <input type="checkbox"/> \$10,000 or less <input type="checkbox"/> more than \$10,000																				
15. Under the penalties of perjury, I declare that this application is, to the best of my knowledge and belief, true and correct.  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">_____</td> <td style="width:20%; border-bottom: 1px solid black;">_____</td> <td style="width:20%; border-bottom: 1px solid black;">_____</td> <td style="width:30%; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: center;">Print name</td> <td style="text-align: center;">Signature</td> <td style="text-align: center;">Position title</td> <td style="text-align: center;">Date</td> </tr> </table>					_____	_____	_____	_____	Print name	Signature	Position title	Date												
_____	_____	_____	_____																					
Print name	Signature	Position title	Date																					
Attachments: <input type="checkbox"/> Photo ID of owner(s)/General Manager or Board Chairman/incorporator (s) <input type="checkbox"/> Detailed sketch of business location <input type="checkbox"/> Roster of employees (if business has started already) <input type="checkbox"/> Corporate charter or other form of business (if registered w/ the Registrar) <input type="checkbox"/> Foreign Investment Business License (FIBL-if foreign company)  <i>Please provide the requirement(s) listed on page 2 of the application form.</i>			For official use only: Business Type: _____ Standard Industry Code (SIC): _____ <input type="checkbox"/> non-profit and without payroll  APPROVED BY:  _____ <div style="display: flex; justify-content: space-between;"> <span>Print name and sign</span> <span>Date</span> </div>																					



Tax Compliance & Audit

## MI-SS-02 PACKET CHECKLIST

Important: If the application is not complete, it will not be accepted and will be returned.

### I. Marshallese owned-businesses of any kind:

Provide:

1. **Valid Photo ID** (Passport or ID) to identify the applicant(s), and
2. **Registration fee \$50.**

*\*For taxi business ONLY, public Safety and insurance registration documents will also be required.*

*\*If the employer is a corporate business, provide*

- a. **Articles of Incorporation;**
- b. **Bylaws;**
- c. **Corporate Charter** from the Registrar of Corporations (from the Attorney General's office); *If already registered with Registrar as Partnership, Limited Partnership, Limited Liability Company, Joint Venture, or other forms of associations, a copy of the certification stating such must be provided;* and,
- d. **Registration fee \$100**

### II. Non-Resident Domestic Entities

Provide:

1. **Non-Resident Entity Report or Certificate of Incumbency** indicating the entity's status as active (from the International Registries, Inc. or The Trust Co. of Marshall Islands);
2. **Valid Photo ID** (passport or driver's license) of signatory for the application; and
3. **Registration fee \$200**

### III. Foreign company of any kind:

Provide:

1. **Foreign Investment Business License (FIBL)** issued from the Ministry of Finance (excluding designated U.S. contractors on U.S. Army Kwajalein Atoll). In the case of contractors on USAKA, an **awarded contract** (copy) by the U.S. Government will be required in lieu of the FIBL.
2. **Valid Passport or ID** (of the signatory for the application form); and
3. **Registration fee \$100** (a certified check drawn on US banks, payable to, Marshall Islands Social Security Administration, is acceptable)

*\*If employer is a foreign corporation, provide copy of valid corporate documents*

- a. **Articles of Incorporation;** and
- b. **Bylaws**

*\*If the company is also chartered in the Marshall Islands, provide the requirements for a – c of I.*

### IV. Corporate business or non-governmental organization (NGOs) of any kind:

Provide:

1. **Articles of Incorporation;**
2. **Bylaws;**
3. **Corporate Charter** granted from the Registrar of Incorporations (at the office of the Attorney General); in the case of RMI Government Agencies, a copy of the established **Act** (law) is required;
4. **Valid Photo ID** (Passport or ID) to identify the officer(s) listed in the organization; and
5. **Registration fee \$100.**

More information can be obtained from the following contacts:

**Marshall Islands Social Security Administration**

**Tax Compliance and Audit**

**Telephone: (692) 625-3101**

**Mobile: (692) 455-3101**

**E-mail: [bryan.edejer@rmimissa.org](mailto:bryan.edejer@rmimissa.org)**

## MI-SS-02, INSTRUCTIONS

To complete the MI-SS-02, the following parts, 1-15, must be answered:

1. Name of the employer/entity must be stated – it should match/conform with business license or issued corporate document if employer is a corporate company (or other entities).
2. If an employer is locally established, its mailing address (e.g. PO) from the Marshall Islands is needed. If it's a foreign company, its foreign address abroad is required.
3. Appropriate type of business/entity is selected in this block. If it's a corporate organization, Articles or Charter will be required. This also applies to other types of associations (e.g. partnership, joint venture, non-profit organization, etc. For non-resident domestic entities ONLY, refer to the requirements in part II of the packet checklist. These are the requirements to be assigned an EIN by MISSA.
4. Employer's phone number (hardline or mobile)
5. Employer's Fax number, if any.
6. Employer's business email information
7. Employer's affiliated businesses (in the Marshall Islands), if any.
8. Business engagement/activity (e.g. construction, hotel or shipping business) is stated.
9. Employer's name, position title, citizenship and Social Security Number are required. In the case of a corporate business (or other types of entities), the same for the officers will be required.
10. Point of contact individual and his position information are required in this part of the application.
11. This part only applies to local employer who wishes to have a business partner whose citizenship is other than Marshall Islands.
12. Start date is when business will or did actually commence in the Marshall Islands. Applicant may adjust date with MISSA when delaying the operations. If delay occurs, MISSA must be informed of a new date for start.
13. How many regular or part-time employee(s) will be recruited for the business. In the case of U.S. contractors on USAG (in Kwajalein), indicate how many local worker, if any.
14. What is the company's projected annual revenue – there is no right or wrong answer for this part. Select one of the responses provided in the form.
15. Employer is to certify the information stated/provided in the application form. He is to print his name, sign off, state his title and date the application form. **STOP!! The bottom part of the form will be completed by the issuing officer.**