

Organization General Info

Name and Address Information

Employer ID number	1		
Organization name	2		
Doing business as	3		
Address	4	Suite #	5
City	6		
U.S. ONLY: State, ZIP, County	7	8	9
Foreign ONLY: Province/State, Country Postal Code	10		11 12
Phone number	13		

General Information

Form	14	15	990-T only
990	EZ	PF	
B	B	C	16 Exemption application pending
B	B	G	17 Initial return 18 Final return 19 Amended return
			20 Change in address 21 Change in name
			22 Initial return of a former public charity
XII	G	J	Accounting method:
			23 Cash 24 Accrual Other 25
Ha			Is this a group return for subordinates? 26 Yes 27 No
Hb			Are all subordinates included? (SCH4 for List) 28 Yes 29 No
Hc	F		Group exemption number 30
I	J	H	Tax-exempt status Exempt under section other than 501(c)
			31 501(c) section # 32 Form 990 - T
			33 Section 4947(a)(1) 34 Section 527
J	I		Website:
			35
K	K		Type of organization:
			36 Corporation 37 Trust
			38 Association 39 Other
L			Year of formation 40
IV	H	2	41 Mark this box if organization is NOT required to file Schedule B
990-N only			42 Organization's gross receipts are normally not more than \$50,000

Books In Care Of

Name	45		
Street	46		
City	47		
U.S. ONLY: State, ZIP	48	49	
Foreign ONLY: Province, Country, Postal Code	50		
Phone Number	51	52	
Fax Number	53		
	54		

State Information

Resident State	55		
W/H Tax AC	56		
Sales Tax #	57		

Other Information

Misc code 1	58
Misc code 2	59
Invoice #	60
Preparer fee	61
Firm #	62
Preparer #	63
Data entry operator #	64
ERO #	65

If not calendar year

Fiscal year begins	43
Fiscal year ends	44

Client Information

Email	66	Cell	67	Fax	68
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