

Nonprofit

Date: _____

Name: _____

Contact: _____

Federal I.D. #: _____

State I.D. #: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Mailing Address (If Different From Above): _____

Business Phone #: () - _____

Business Fax #: () - _____

Cell Phone #: () - _____

Email Address: _____

Date of Formation of: _____

OFFICE USE ONLY

SS4 Letter: _____

Incorporation Cert.: _____

Annual Report _____