

Form 990-N (e-Postcard) Summary
(THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY**)**

Tax period beginning _____ and ending _____

Organization's Legal Name

Employer ID Number

Other Names used by Organization (DBA)

Number and Street (or P.O. box, if applicable)

City or Town, State or Country and ZIP + 4

Web Address, if Applicable

I confirm that the organization's annual gross receipts are \$50,000 or less and I'm eligible to file an e-Postcard _____

Has your organization terminated or gone out of business? _____

Information Regarding Principal Officer:

Name

Street Address

City, State or Country and ZIP + 4
