

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)

Phone Number

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