

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) _____

Telephone 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 _____