

**General Information** 

## Ej ctkcdrg'Ncy 'Ugevkqp''

52'G0Dt qcf 'U\0'47' 'Hqqt'' Eqnw dwu'QJ '65437'' Rj qpg'\*: 22+'4: 4/2737'''Hcz<'\*: 99+'8; 2/3: 36'' Ej ct kcdrgQQj kqCI Ql qx

## **IRS Status Form**

Organization Name		<b>Employer Identification Number (EIN)</b>
Tax exempt status		
Please mark the appropriate option		
I affirm that the above-named organization:		
Does not have tax exempt status		
Has claimed tax exempt status without being recognized by the IRS as exempt.		
By checking this box, you certify that the organization being registered meets all the requirements for self-declaration		
under the Internal Revenue Code. For additional information, see <a href="https://www.irs.gov/charities-and-nonprofits">https://www.irs.gov/charities-and-nonprofits</a>		
Basis for tax exempt declaration:		
Section under which organization has self-declared:		
e.g., 501(c)(3), 501(c)(4), etc.		
Has applied for tax exempt status, but has not yet received an IRS determination letter		
Date of application:		
I acknowledge that I am a duly appointed representative of the above-named organization.		
I understand and acknowledge that if the above-named organization's tax exempt status changes at any time, the organization must notify the Charitable Law Section of the Ohio Attorney General's Office.		
I understand and acknowledge that Ohio Revised Code 1716.14(A) prohibits a charitable organization from making any misleading statements or representations concerning the solicitation of charitable contributions, and that representing my organization as a 501(c)(3) tax exempt organization when it is not is a violation of Ohio Revised Code 1716.14(A).		
Representative Information		
Name of representative (please type or print)	Signature	

Please return this form to CharitableRegistration@OhioAGO.gov

Today's date

City, State, ZIP

**Email address** 

Street address

Phone number

Relationship to organization