

Non-Profit Formation Checklist

Contact Name: _____ Contact Phone # _____

Proposed organization name: _____

Trustees' Info:

1) _____
NAME SS NUMBER

ADDRESS

2) _____
NAME SS NUMBER

ADDRESS

3) _____
NAME SS NUMBER

ADDRESS

Registered Agent (Name & Address): _____

Physical Address of Organization:

Mailing Address of Organization (if different):

Phone #: _____

Credit Card Number: _____ Exp. _____ CSC Code _____

Billing Name & Address on Card: _____

Need to Make Tax Exempt Purchases? (Y/N) Payroll Tax (Y/N) Year End _____

Brief Description of Organization:

PLEASE NOTE: Your fees for our services will be billed to your credit card on record.