



Nonprofit Client Intake – Information Requirements

To ensure accurate and timely processing of your organization's nonprofit services, we require the information listed in the accompanying document. This information is used solely for the purpose of verifying your organization's legal, financial, and compliance status and for preparing required filings, reports, and services on your behalf.

We follow applicable IRS data-handling, record-keeping, and confidentiality standards, as well as generally accepted best practices for safeguarding sensitive nonprofit and taxpayer information. Your privacy and the protection of your organization's data are top priorities.

For security reasons, this document is provided for reference only to show what information is required. Please do not submit sensitive or confidential information through this form unless you have been provided with a "secure submission method".

Once you have reviewed the requirements, you will be given instructions for securely submitting the necessary information and documents. **If you prefer, you may also schedule an in-office appointment to provide your information in person. We are happy to continue offering this option for clients who would rather meet face-to-face.**

Thank you for your cooperation and for supporting a transparent and compliant nonprofit process.

1. Organization Identification

- Legal Name of Organization
- Trade Name / DBA (if any)
- Date of Formation
- State of Incorporation
- Entity Type (check one)
 - Nonprofit Corporation
 - Trust
 - Association
 - Other: _____
- Federal Employer Identification Number (EIN)
- State Tax ID (if applicable)

2. Contact Information**Primary Contact:**

Full Name

Title

Email

Phone

Mailing Address:

Street

City

State

ZIP

Physical Address (if different):

Street

City

State

ZIP

Website:

Social Media (optional):

3. Mission & Program Information

- Mission Statement
- Brief Description of Services / Programs
- Target Population Served
- Geographic Area Served

4. Tax-Exempt Status

- Has the organization received IRS tax-exempt status?
 Yes No Pending

If yes:

- 501(c) type: _____
- IRS Determination Letter Date
- Public Charity or Private Foundation?

If pending:

- Date application was submitted

5. Financial & Banking Information

- Fiscal Year End (MM/DD)
- Accounting Method Cash Accrual
- Annual Budget (current year)

Banking

- Bank Name
- Account Type Checking Savings
- Authorized Signers

6. Board of Directors

Please list all current board members:

Name Title Email Phone

7. Officers

- President / Chair
- Vice President
- Secretary
- Treasurer

8. Compliance & Reporting

- Has the organization filed IRS Form 990? Yes No
If yes, most recent year: _____
- State charitable registration completed? Yes No
- Registered with state attorney general? Yes No

9. Fundraising Activities

Check all that apply:

- Donations
- Grants
- Events
- Memberships
- Sponsorships
- Online fundraising

Primary fundraising platforms (e.g., PayPal, Stripe, Givebutter, etc.):

10. Employees & Contractors

- Number of Employees
- Number of Independent Contractors
- Payroll Provider (if any)

11. Insurance

Check all that apply:

- General Liability
- Directors & Officers (D&O)
- Workers Compensation
- None

12. Requested Services

(Check all that apply)

- Nonprofit formation
- 501(c)(3) application
- Compliance & filings
- Grant readiness
- Accounting / Bookkeeping
- Governance setup
- Audit / Review
- Other: _____

13. Document Checklist

Please attach the following if available:

- Articles of Incorporation
- Bylaws
- IRS Determination Letter
- EIN Letter
- Board Roster
- Financial Statements
- Previous Form 990

14. Authorized Signature

I certify the information provided is accurate and complete.

Name: _____

Title: _____

Signature: _____

Date: _____