

Nonprofit Corporation 2015 Request for Pre-Dissolution Tax Abatement

3502

California Corporation number/California Secretary of State file number	FEIN
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Name of organization as shown in the creating document _____

Street address (suite, room, or PMB no.)	Telephone ()
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City	State	ZIP code
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Name of representative to contact regarding additional requirements or information	Telephone ()
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Representative's mailing address (suite, room, or PMB no.) _____

City	State	ZIP code
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Questions

- 1 Are you currently doing business in California according to R&TC Section 23101? 1 Yes No
- 2 Was the organization ever tax-exempt with the California Franchise Tax Board? 2 Yes No
- 3 Was the organization ever tax-exempt with the Internal Revenue Service? 3 Yes No
- 4 Did the organization ever operate in California? 4 Yes No
If Yes, list the date the operations stopped in California (mm/dd/yyyy) _____
- 5 Will the organization continue to operate outside of California? If yes, **STOP** do not file this form 5 Yes No
- 6 Does the organization have any undistributed assets? 6 Yes No
If yes, list description and value of assets

Description	Value of asset

- 7 Did the organization distribute its assets? 7 Yes No
If yes, list the description and value of the asset and the FEIN/SSN, name, telephone, and address of the recipient.

Description	Value	FEIN/SSN	Name	Telephone	Address

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Signature of officer, director, or authorized representative

Title

Date