


Proper TAX FORMS for customer records – taxable vs. tax exempt

Customers ARE taxable unless proper documentation is received!

EIN – Employer Identification Number

Used to identify businesses and other entities operating in the USA
Must be applied for with government? **YES**

Used as proof of tax exemption? **NO**


DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
 CINCINNATI OH 45999-0023

Date of this notice: 12-28-2009

Employer Identification Number:
27-1544126

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

TRANSCONTINENTAL HUMANITARIAN CORP
PO BOX 7603
HELENA, MT 59604

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-1544126. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940	01/31/2011
Form 944	01/31/2011

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.


If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes* and Publication 4248, *EFTPS (Procedure)*. If you need to make a deposit before you receive your Welcome Package, please visit an IRS taxpayer assistance center to obtain a Federal Tax Deposit Coupon, Form 8109-B. To locate the taxpayer assistance center nearest you, visit the IRS Web site at <http://www.irs.gov/localcontacts/index.html>. Note: You will not be able to obtain Form 8109-B by calling 1-800-829-TAXFORMS (1-800-829-3676).

Resale Certificate

A resale certificate is a document a registered business uses when it purchases goods it intends to resell.

Must be applied for with government? **NO** – forms are in AR office

Used as proof of tax exemption? **YES**


 New York State Department of Taxation and Finance
New York State and Local Sales and Use Tax
Resale Certificate

ST-120
(1/11)

Name of seller	Name of purchaser
Street address	Street address
City	City
State	State
ZIP code	ZIP code

Mark an **X** in the appropriate box: Single-use certificate Blanket certificate
Temporary vendors must issue a single-use certificate.

To the purchaser:
You may not use this certificate to purchase items or services that are not for resale. If you purchase tangible personal property or services for resale, but use or consume the tangible personal property or services yourself in New York State, you must report and pay the unpaid tax directly to New York State. Any misuse of this certificate will result in tax liabilities and substantial penalty and interest.

Purchaser Information – please type or print
I am engaged in the business of _____ and principally sell _____
(Contractors may not use this certificate to purchase materials and supplies.)

Part 1 – To be completed by registered New York State sales tax vendors
I certify that I am:

a New York State vendor (including a hotel operator or a dues or admissions recipient), show vendor or entertainment vendor. My valid Certificate of Authority number is _____

a New York State temporary vendor. My valid Certificate of Authority number is _____ and expires on _____

I am purchasing:

A. Tangible personal property (other than motor fuel or diesel motor fuel)

- for resale in its present form or for resale as a physical component part of tangible personal property;
- for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service; or

B. A service for resale, including the servicing of tangible personal property held for sale.

Part 2 – To be completed by non-New York State purchasers

I certify that I am not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction _____ and have been issued the following registration number _____ (if sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write **not applicable** on the line requesting the registration number.)

I am purchasing:

C. Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.

D. Tangible personal property for resale that will be resold from a business located outside New York State.

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements and issue this exemption certificate with the knowledge that this document provides evidence that state and local sales or use taxes do not apply to a transaction or transactions for which I rendered this document and that willfully issuing this document with the intent to evade any such tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I understand that this document is required to be filed with, and delivered to, the vendor as agent for the Tax Department for the purposes of Tax Law section 1538 and is deemed a document required to be filed with the Tax Department for the purpose of prosecution of offenses. I also understand that the Tax Department is authorized to investigate the validity of tax exclusions or exemptions claimed and the accuracy of any information entered on this document.

Type or print name and title of owner, partner, or authorized person of purchaser _____

Signature of owner, partner, or authorized person of purchaser _____ Date prepared _____

Substantial penalties will result from misuse of this certificate.

Tax Exempt Certificate

Not-for-profit religious, charitable, educational, or other organizations (often called section 501(c)(3)) organizations). A **tax exempt number** is a number assigned by a state agency to identify the entity or organization as exempt from state sales taxes (if available). The IRS does not issue any numbers specifically to tax exempt organizations

Must be applied for with government? **YES** - Federal and State agencies (two-step process)

Used as proof of tax exemption? **YES** – only need ST-119.1 on file at JCS ★

A

1023 Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0058

Form 1023 (Rev. June 2008) Department of the Treasury Internal Revenue Service

Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all bold items. For additional help, call IRS Exemption Organizations Customer Account Services toll-free at 1-877-629-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document) **Chive Charities**

2 c/o Name (if applicable) **Leo Resig**

3 Mailing address (Number and street) (see instructions) **701 Ocean Front Walk**

Room/Suite **Unit 2** 4 Employer Identification Number (EIN) **45-5415041**

City or town, state or country, and ZIP + 4 **Venice, California 90291**

6 Primary contact (officer, director, trustee, or a Name: **Leo Resig, President**

7 Are you represented by an authorized representative? **Yes** Provide the authorized representative's name and title: **Leah M. Bishop, Esq., Loeb & Loeb LLP**

8 Was a person who is not one of your officers or directors? **Yes** Provide the person's name, title, and address: **John Smith, 1234 South Arts Road, Orem, UT 84057**

9a Organization's website: **www.chivecharities.org**

9b Organization's email: (optional)

10 Certain organizations are not required to file Form 990-EZ. If you are claiming "Yes," explain. See the instructions for a detailed list.

11 Date incorporated if a corporation, or formed under the laws of a foreign country.

12 Were you formed under the laws of a foreign country?

For Paperwork Reduction Act Notice, see page 24 of Form 1023.

Step One – (A) entity must apply for 501c-3 status with Federal Government. (B) A letter will be sent approving or declining application



B INTERNAL REVENUE SERVICE DEPARTMENT OF THE TREASURY

P. O. BOX 25018 CINCINNATI, OH 45201

Date: **MAR 19 2001**

Employer Identification Number: **55-1234567**

D2A: **09876543210987**

Contact Person: **JOHN SMITH** ID# **12345**

Contact Telephone Number: **(877) 829-5500**

Accounting Period Ending: **December 31**

Foundation Status Classification: **509(a)(1)**

Advance Ruling Period Begins: **November 27, 2000**

Advance Ruling Period Ends: **December 31, 2004**

Attachment Applies: **No**

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 509(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CO)

C

New York State and Local Sales and Use Tax **ST-119.2** (9/11)

Application for an Exempt Organization Certificate State and Local Sales and Use Tax

Name of organization _____ Organization's telephone number () _____

Physical address (number and street) _____ City _____ State _____ ZIP code _____

Mailing address _____ City _____ State _____ ZIP code _____

Name and title of person to be contacted (see instructions) _____ Contact person's telephone number () _____

Email address of person to be contacted _____ Contact person's fax number () _____

Federal employer identification number _____

Step Two – (C) entity must apply for a tax exempt number with NYS (D) If approved they receive a tax exempt certificate. THIS IS WHAT WE NEED ON FILE!

New York State Department of Taxation and Finance **ST-119.1** (7/02)

New York State and Local Sales and Use Tax Exempt Organization Exempt Purchase Certificate

Single purchase certificate

Blanket certificate

Your exempt organization number is not your federal employer identification number (see instructions). Ex. 1 | 1 | 9 | 2 | 2 | 2

Exempt organization number (6-digit number issued by the New York State Tax Department)

Name of exempt organization/purchaser: **The Research Foundation of State University of New York**

Street address: **Post Office Box 9**

City: **Albany** State: **New York** ZIP code: **12201-0009**

The exempt organization must be the direct purchaser and payer of record. You may not use this form to purchase motor fuel or diesel motor fuel exempt from tax. Representatives of governmental agencies or diplomatic missions may not use this form. Carefully read the instructions and other information on the back of this document.

I certify that the organization named above holds a valid Form ST-119, Exempt Organization Certificate, and is exempt from New York State and local sales and use taxes on its purchases. I also certify that the above statements are true and correct. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the New York State Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the exemption claimed or the accuracy of any information entered on this form.

Print or type name of officer of organization **Bonny G. Boice** Title **Treasurer**

Signature of officer of organization *Bonny G. Boice* Date issued _____

Need help?

Telephone assistance is available from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday.

For business tax information, call the New York State Business Tax Information Center: 1 800 972-1233

For general information: 1 800 225-5829

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada: (518) 485-6800

Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676

Internet access: www.tax.state.ny.us

Hotline for the hearing and speech impaired: 1 800 634-2110 from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

If you need to write, address your letter to: NYS TAX DEPARTMENT TAXPAYER CONTACT CENTER W A HARRIMAN CAMPUS ALBANY NY 12227