

LAURIE W. FIEDLER, ESQ.
ATTORNEY AT LAW
PREAKNESS VALLEY OFFICE PARK
504 VALLEY ROAD
WAYNE, NJ 07470
PHONE: 973-633-6510
FAX: 973-633-8262
E-MAIL: HisLaw@aol.com

NOT FOR PROFIT INCORPORATION IN-TAKE FORM

I. RESPONSIBLE PERSON INFORMATION

YOUR NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TITLE: _____ SOCIAL SECURITY: _____
TELEPHONE #: _____ CELL PHONE: _____
E-MAIL: _____

II. CORPORATION INFORMATION

A. GENERAL INFORMATION

NAME OF CORPORATION, EXACTLY AS YOU WANT IT TO APPEAR:

ALTERNATE NAME (if applicable): _____
CORPORATION PHYSICAL ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CHURCH MAILING ADDRESS _____ Check here if same as above
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

CHURCH ACCOUNTANT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ EMAIL: _____

HOW MANY MEMBERS: _____

IS THE CHURCH RELATED TO A DENOMINATION? Y OR N

IF SO, WHICH DENOMINATION? _____

B. BOARD MEMBERS AND TRUSTEES INFORMATION

(Use a separate sheet of paper if you need more space.)

NAME, HOME ADDRESS, AND PHONE NUMBERS OF ALL BOARD MEMBERS AND THEIR TITLE:

1. Full Name: _____

Street Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone No.: _____ Title: _____

2. Full Name: _____

Street Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone No.: _____ Title: _____

3. Full Name: _____

Street Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone No.: _____ Title: _____

4. Full Name: _____

Street Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone No.: _____ Title: _____

5. Full Name: _____

Street Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone No.: _____ Title: _____

NAME, HOME ADDRESS, AND PHONE NUMBERS OF AT LEAST 5 TRUSTEES:

1. Full Name: _____

Street Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone No.: _____

2. Full Name: _____

Street Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone No.: _____

3. Full Name: _____

Street Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone No.: _____

4. Full Name: _____

Street Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone No.: _____ Title: _____

5. Full Name: _____

Street Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone No.: _____ Title: _____

III. CORPORATION'S PURPOSE

PURPOSE OF CORPORATION TO BE INCLUDED IN CERTIFICATION OF INCORPORATION:

IV. ADDITIONAL INFORMATION

WILL THE CORPORATION APPLY FOR RECOGNITION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE? YES___ NO___

WOULD YOU LIKE US TO OBTAIN YOUR FEDERAL EMPLOYER IDENTIFICATION NUMBER? YES___ NO___

IF THE CHURCH ALREADY HAS A FEDERAL EMPLOYER IDENTIFICATION NUMBER, WHAT IS IT? _____ - _____

DO YOU WANT MY OFFICE TO FILE FOR SALES TAX EXEMPTION? YES___ NO___