MOSS & RIGGS, PLLC
Non-Profit Client Information Form

Client ID Number _____ (Office Use Only) Today's Date _____
Date _____ (Office Use Only)

Name of Entity _____ EIN# _____

Date of Formation: _____ Fiscal Year _____

Tax Status: (please check one)

___ 501(c)(3) ___ 501(c)(4) ___ 502(c)(6) Other (specify) _____

Primary Contact Name _____

Street Address _____

City, State and Zip _____

Mailing Address, If Different _____

City, State and Zip _____

County in which entity is located _____

Primary Contact e-mail Address _____

Who referred you to our company?_____

Telephone Numbers (Including Area Code): **Check Preferred Contact No. Below**

Office Telephone _____ _____

Primary Contact Phone _____ _____

Primary Contact Cell Phone, if different _____ _____

Primary Contact Home Telephone _____ _____

Please list all officers: (Use reverse of this sheet, if needed.):

Name	Phone	Title