Form 199 Return Summary

For calendar year 2025, or tax year beginning , and ending

23-7437087

FRIENDS OF THE ALAMEDA FREE LIBRARY

Gross sales / receipts	283,373	
Dues from members		
Contributions / grants	199,543	
Total costs		
Expenses	333,942	
Excess / (deficit)		148,974
Total payments		
Penalties and interest		
Use tax		
Balance due		
Refund		

Balance Sheet

	Beginning	Ending	Differences
Assets	2,849,747	3,226,718	
Liabilities	576	508	
Net assets	2,849,171	3,226,210	377,039

Miscellaneous Information

Amended return

Return / extended due date 05/15/26

STATE OF CALIFORNIA
RRF-1
(Rev. 01/2024)

DEPARTMENT OF JUSTICE

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

FRIENDS OF THE ALAMEDA FREE LIBRARY
Name of Organization

List all DBAs and names the organization uses or has used

PO BOX 1024
Address (Number and Street)

ALAMEDA CA 94501
City or Town, State, and ZIP Code

Telephone Number

VENTURINIK@ALAMEDAFRIENDS.COM
E-mail Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number

Corporation or Organization No. **0733159**

Federal Employer ID No. **23-7437087**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning **01/01/25** ending **12/31/25**) list:

Total Revenue $ (including noncash contributions) **449,596** Noncash Contributions $ **0** Total Assets $ **3,226,718**

Program Expenses $ **130,801** Total Expenses $ **300,622**

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent	Printed Name	Title	Date
	KRIS VENTURINI	**TREASURER**	

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2025**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: **FRIENDS OF THE ALAMEDA FREE LIBRARY**

Identifying number: **23-7437087**

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	**482,916**
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	**482,916**
3	Refund (Form 109, line 27)	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 30)	

Part II Settle Your Account Electronically for Taxable Year 2025

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount _____ **6b** Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2026 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number _____ **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2025 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ _____ (Signature of officer) **02/06/26** (Date) ▶ **TREASURER** (Title)

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ **LARS G. HANSSON** | Date | Check if also paid preparer **X** | Check if self-employed **X** | ERO's PTIN **P01269989**

Firm's name (or yours if self-employed) and address ▶ **LARS G HANSSON, CPA**
2159 CENTRAL AVENUE
ALAMEDA CA

Firm's FEIN | ZIP code **94501**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code

TAXABLE YEAR **2025**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) _____ , and ending (mm/dd/yyyy) _____ .

Corporation/Organization name
FRIENDS OF THE ALAMEDA FREE LIBRARY

California corporation number
0733159

Additional information. See instructions.

FEIN
23-7437087

Street address (suite or room)
PO BOX 1024

PMB no.

City
ALAMEDA

State
CA

ZIP code
94501

Foreign country name

Foreign province/state/county

Foreign postal code

A First return ..... ☐ Yes ☒ No

B Amended return ..... ● ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No

D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● _____

E Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF
(3) ● ☐ Sch H (990) (4) ☐ Other 990 series

G Is this a group filing? See instructions ..... ● ☐ Yes ☒ No

H Is this organization in a group exemption ..... ☐ Yes ☒ No
If "Yes," what is the parent's name?
_____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ..... ● ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A** ● ☐ Yes ☐ No

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources ..... $ _____

L Is the organization a limited liability company? .... ● ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ..... ● ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? ..... ☐ Yes ☒ No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1	283,373 00
	2	Gross dues and assessments from members and affiliates ●		2	00
	3	Gross contributions, gifts, grants, and similar amounts received ●		3	199,543 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●		4	482,916 00
	5	Cost of goods sold ●	5 00		
	6	Cost or other basis, and sales expenses of assets sold ●	6 00		
	7	Total costs. Add line 5 and line 6		7	00
	8	Total gross income. Subtract line 7 from line 4 ●		8	482,916 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●		9	333,942 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10	148,974 00
Payments	11	Total payments ●		11	00
	12	Use tax. See General Information K ●		12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●		13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●		14	00
	15	Penalties and interest. See General Information J		15	00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ⊙		16	00

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ | Title **TREASURER** | Date | ● Telephone

Paid Preparer's Use Only

Preparer's name ● **LARS G. HANSSON**

Preparer's signature ▶ **ALAMEDA, CA** | Date **02/13/2026** | Check if self-employed ▶ ☒ | ● PTIN **P01269989**

Firm's name (or yours, if self-employed) and address ▶ **LARS G HANSSON, CPA**
2159 CENTRAL AVENUE
ALAMEDA, CA 94501

● Firm's FEIN

● Telephone **510-521-2343**

May the FTB discuss this return with the preparer shown above? See instructions ..... ● ☒ Yes ☐ No

FRIENDS OF THE ALAMEDA FREE LIBRARY
23-7437087

Part II Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

	1 Gross sales or receipts from all business activities. See instructions	1		00
	2 Interest	2	5,890	00
Receipts	3 Dividends	3	70,372	00
from	4 Gross rents	4		00
Other	5 Gross royalties	5		00
Sources	6 Gross amount received from sale of assets (See instructions) SEE STATEMENT 1	6	61,578	00
	7 Other income. Attach schedule SEE STATEMENT 2	7	145,533	00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	283,373	00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
	10 Disbursements to or for members	10		00
	11 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11		00
	12 Other salaries and wages	12	81,477	00
Expenses	13 Interest	13		00
and	14 Taxes	14		00
Disburse-	15 Rents	15		00
ments	16 Depreciation and depletion (See instructions)	16		00
	17 Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	252,465	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	333,942	00

Schedule L Balance Sheet

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash		190,280		216,077
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 5		2,659,467		3,010,641
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 **Total assets**		2,849,747		3,226,718
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 6		576		508
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,849,171		3,226,210
22 **Total liabilities and net worth**		2,849,747		3,226,718

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	148,974	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule		8 Deductions in this return not charged against book income this year. Attach schedule	
5 Expenses recorded on books this year not deducted in this return. Attach schedule		9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5	148,974	10 Net income per return. Subtract line 9 from line 6	148,974

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
SCHWAB					$ 4,473	$	$	$
EDWARD JONES					57,105			
Total					$ 61,578	$ 0	$ 0	$ 0

Statement 2 - Form 199, Part II, Line 7 - Other Income

Description	Amount
CAFE	$ 41,507
BOOK SALES	47,631
LIVE AT THE LIBRARY	
10TH ANNIVERSARY	
SPRING/FALL FUNDRAISING CAM	
ANNUAL APPEAL CAMPAIGN	
REALIZED GAIN/LOSS	56,395
Total	$ 145,533

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
KAREN BUTTER	229 OYSTER POND ROAD	ALAMEDA	CA	94502	PRESIDENT		
CAROL ROBIE	1102 IRONWOOD DR	ALAMEDA	CA	94502	V-PRESIDENT		
RENESHA ROBINSON PALMER	1361 BALLENA BLVD APT B	ALAMEDA	CA	94501	SECRETARY		
KRIS VENTURINI	1550 OAK STREET	ALAMEDA	CA	94501	TREASURER		
ANDRE FAIRLEY					DIRECTOR		
SERENA HOM	3121 BAYO VISTA AVE	ALAMEDA	CA	94501	DIRECTOR		
JOSHUA DAPKUS					DIRECTOR		
MARCIE SOSLAU JOHNSON					EXECUTIVE DIRECTOR		
JOANNE SCHNEIDER					DIRECTOR		
BHARAT PARIKH					DIRECTOR		
KAYLA BELICH					DIRECTOR		
NEERJA DAVE					DIRECTOR		
KYLE MCBARD					DIRECTOR		
DAMINI MATHUR					DIRECTOR		
Total							0

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
	$
CAFE	
CAFE EXPENSES	25,997
CAFE PROJECT	4,037
CAFE EXPENSES	
BOOK SALES	
BOOK FOR SALE EXP	2,845
BOOKS FOR FRIENDS EXP	441
ORAL HISTORY PROJECT	1,120
LIBRARY SUBSCRIPTION	3,266
OTHER - LIB PROGRAM	116,050
DOCENT	1,250
OHTER - FAL EXPENSE	4,276
DUES & SUBSCRIPTIONS	551
BANK CHARGES	74
OTHER TAXES & LICENSES	152
MISC EXPENSES	4,610
OFFICE SUPPLIES EXP	1,673
POSTAGE	577
Payroll Taxes	6,822
Accounting	10,660
Legal	17,227
Investment Management	12,830
CHILDREN'S PROGRAM	141
ALAMEDA SUMMER READS	5,978
DOCENT - SOFTWARE	1,978
FALL SPONSORED LIB EVENT	1,018
VOLUNTEERS APPREC EVENTS	4,198
VOLUNTEERS EXPENSES	1,396
VOLUNTEERS MGMT SOFTWARE	1,060
SYSTEMS	8,866
SPRING FUNDRAISING EXP	2,569
FALL FUNDREAISING EXP	6,424
Insurance	4,379
Total	$ 252,465

Statement 5 - Form 199, Schedule L, Line 7 - Investments in Stock

Description	Beginning of Year	End of Year
EDWARD JONES	$ 919,770	$ 1,083,331
CHARLES SCHWAB	1,739,697	1,927,310
Total	$ 2,659,467	$ 3,010,641

California Statements

Statement 6 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
GIFT CARD ISSUED	$ 576	$ 508
Total	$ 576	$ 508

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2025**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: **FRIENDS OF THE ALAMEDA FREE LIBRARY**

Identifying number: **23-7437087**

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) ..... 1 _____

2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) ..... 2 _____

3 Refund (Form 109, line 27) ..... 3 _____

4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 30) ..... 4 _____

Part II Settle Your Account Electronically for Taxable Year 2025

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount _____ **6b** Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2026 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number _____ **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2025 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ _____ (Signature of officer) _____ (Date) ▶ **TREASURER** (Title)

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ **LARS G. HANSSON** | Date | Check if also paid preparer ☒ | Check if self-employed ☒ | ERO's PTIN **P01269989**

Firm's name (or yours if self-employed) and address ▶ **LARS G HANSSON, CPA**
2159 CENTRAL AVENUE
ALAMEDA CA

Firm's FEIN

ZIP code **94501**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶

Firm's FEIN

ZIP code