

990-EZ, 990, 990-T and 990-PF
Information Worksheet

2017

Part I – Identifying Information

Employer Identification Number . 47-1565093

Name Tossin Away ALS

Doing Business As _____

Address 523 S Windsor Room/Suite . _____

City Mesa State . . . AZ ZIP Code . . . 85204

Province/State _____ Foreign Postal Code . . _____

Foreign Code _____ Foreign Country _____

Telephone Number _____ Extension _____

Fax _____ E-Mail Address . . _____

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- | | |
|--|--|
| <input type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T |
| <input type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 with Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF with Form 990-T |
| <input type="checkbox"/> Form 990-T only | <input checked="" type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) for Electronic Filing only |

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- | | |
|--|---|
| <input type="checkbox"/> 501(c) Corporation/Association _____ (subsection number) | <input type="checkbox"/> 220(e) Trust |
| <input type="checkbox"/> 501(c) Trust _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) Corporation/Association <input type="checkbox"/> | <input type="checkbox"/> 527 Organization |
| Or Trust <input type="checkbox"/> | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year — Ending month . . . _____
- Short year — Beginning date . . _____ Ending date . . . _____
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2017 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2016 overpayment credited to 2017 estimated tax _____

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/18/17				
2nd Quarter Payment	06/15/17				
3rd Quarter Payment	09/15/17				
4th Quarter Payment	12/15/17				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's Name Jesse Haws
 Officer's Title President

Part VII – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

QuickZoom to the Electronic Filing Information Worksheet ► _____

Electronic Filing:

- File the federal return electronically
- File the state(s) electronically

* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Practitioner PIN program:

- Sign this return electronically using the Practitioner PIN
- ERO entered PIN

Officer's PIN (enter any 5 numbers) . . 00064
 Date PIN entered 03/08/2018

Electronic Filing of Extensions:

Check this box to file **Form 8868** (application for extension of time to file return) electronically

Electronic Filing of Amended Return:

- Check this box to file **amended return** electronically
 - Check this box to file the state and/or city amended return(s) electronically
- * Select the state and/or city amended return(s) to file electronically.

State(s) *

File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Part VIII – Electronic Funds Withdrawal Information (Form 990PF filers only)

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of federal balance due (EF only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 8868 balance due (EF only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of amended return balance due (EF only)? |

Bank Information

Check to confirm transferred account information (which appears in green) is correct

Name of Financial Institution (optional) . . . _____

Check the appropriate box Checking Savings

Routing number _____

Account number _____

Payment Information

Enter the payment date to withdraw tax payment _____

Balance due amount from this return _____

Enter an amount to withdraw tax payment _____

If partial payment is made, the remaining balance due _____

Payment date for amended returns _____

Balance due amount for amended returns _____

Part IX – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	_____	_____	_____

Letter Salutation . . _____

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . 64

QuickZoom to Firm/Preparer Info ▶ _____

QuickZoom to Form 990-EZ, Pages 1 through 4 ▶ _____

QuickZoom to Form 990, Page 1 ▶ _____

QuickZoom to Form 990-PF, Page 1 ▶ _____

QuickZoom to Form 990-T, Page 1 ▶ _____

QuickZoom to Form 990-N, e-PostCard ▶ _____

QuickZoom to Client Status ▶ _____

**Electronic Notice (e-Postcard) for
Tax-Exempt Organization Not Required to File
Form 990 or 990-EZ**

**For Electronic Filing Only
DO NOT MAIL -- e-POSTCARD WILL BE SENT FOR YOU**

Small tax-exempt organization with gross receipts of \$50,000
or less is required to use this form per enactment of the
Pension Protection Act of 2006 (PPA)

For calendar year 2017, or tax year
beginning _____, 2017, ending _____,

Part I – Identifying Information

Name of Organization Tossin Away ALS
Address 523 S Windsor
Room/Suite _____
City Mesa
State AZ
ZIP Code 85204

Employer Identification Number . . 47-1565093

Part II – Required Information

A Check this box to verify that organization's annual receipts are normally \$50,000 or less
Note: Not eligible to file Form 990-N if gross receipts are more than \$50,000

B Other Names Organization is Doing Business As

C Website: . . . _____

D Principal Officer of the Organization Jesse Haws
Person Business
Address 523 S Windsor
City Mesa State . AZ ZIP Code . . 85204
Foreign Country _____

E Check this box if organization is going out of business

Form 990-N, also known as the e-Postcard, must be filed
electronically with the Internal Revenue Service. There will be no
paper form accepted by the Internal Revenue Service.

Do Not mail this form to the Internal Revenue Service.

Preparer Electronic Filing Instructions
Exempt Org

Tossin Away ALS 523 S Windsor Mesa, AZ 85204 Accepted Date	47-1565093 03/08/2018
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This return is NOT FINISHED until you complete the following instructions

Prior to transmission of the return
Form 990N
The taxpayer should review Form 990N, no paper form will be accepted by the Internal Revenue Service.

No taxpayer signature document is needed

No balance due nor a refund due

After transmission of the return

This return was accepted on 03/08/2018.

Form 8453-EO or Form 8879-EO are NOT needed
You had your client enter the Federal Self-Select PIN number.

IRS e-file Authentication Statement

2017

Keep for your records

Name(s) Shown on Return
Tossin Away ALS

Employer ID No.
47-1565093

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN [X]
ERO entered Officer's PIN

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 860731 Self-Select PIN 00064

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2017 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 00064
Date 03/08/2018

Electronic Filing Information Worksheet

Keep for your records

2017

Name(s) shown on return
Tossin Away ALS

Identifying number
47-1565093

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter the EFIN for the ERO that is responsible for this return 860731

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter a PIN for the ERO that is responsible for filing return

ERO Name: Fox Peterson, LLC; ERO Address: 705 North Lindsay Road; City: Mesa, State: AZ, ZIP Code: 85213-6816; ERO Social Security Number or PTIN: 860731; ERO Employer Identification Number: 20-0263206

Part III - Paid Preparer Information

Firm Name: Fox Peterson, LLC; Preparer Name: David S. Hakes, CPA; Address: 705 N. Lindsay Road; City: Mesa, State: AZ, ZIP Code: 85213-6816; Preparer Social Security Number or PTIN; Employer Identification Number: 20-0263206; Phone Number: (480) 898-7640; Fax Number: (480) 898-7315; Preparer E-mail Address: david@foxpeterson.com

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment
Amount you are paying with the amended return

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and checkboxes. Includes 'California State Exempt' and several empty rows.

Part V - Name Control

Name Control, enter here to override default TOSS