



16830 Ventura Blvd, Suite 360  
 Encino, CA 91436  
 Toll Free: 800-880-2602  
 Intl: 818-380-1940 Fax: 818-592-4041

## 501C3 Order Form

### Service Menu

- Service Fee:** For only \$499 we will have your 501(c)(3) application expertly prepared by our staff of nonprofit specialists. **\$499.00**

**IRS Filing Fee:**

- If anticipated gross receipts is **less** than \$40,000 in the first four years of operation **\$300.00**
- If anticipated gross receipts is **more** than \$40,000 in the first four years of operation **\$750.00**

**State Filing Fee:** In addition to filing the exemption status with the IRS, you also need to file exemption status with the State in which you are incorporated in.

State	State Fee	State	State Fee
Alabama	\$20	Missouri	\$25
Alaska	\$50	Montana	\$20
Arizona	\$40	Nebraska	\$30
Arkansas	\$50	Nevada	\$45
California	\$25	New Hampshire	\$45
Colorado	\$75	New Jersey	\$NA
Connecticut	\$NA	New Mexico	\$25
Delaware	\$107	New York	\$NA
D.C.	\$70	North Carolina	\$60
Florida	\$NA	North Dakota	\$40
Georgia	\$125	Ohio	\$NA
Hawaii	\$50	Oklahoma	\$25
Idaho	\$30	Oregon	\$50
Illinois	\$50	Pennsylvania	\$125
Indiana	\$30	Rhode Island	\$35
Iowa	\$20	South Carolina	\$25

<b>Kansas</b>	<b>\$20</b>	<b>South Dakota</b>	<b>\$20</b>
<b>Kentucky</b>	<b>\$8</b>	<b>Tennessee</b>	<b>\$100</b>
<b>Louisiana</b>	<b>\$60</b>	<b>Texas</b>	<b>\$NA</b>
<b>Maine</b>	<b>\$20</b>	<b>Utah</b>	<b>\$20</b>
<b>Maryland</b>	<b>\$50</b>	<b>Vermont</b>	<b>\$75</b>
<b>Massachusetts</b>	<b>\$35</b>	<b>Virginia</b>	<b>\$81</b>
<b>Michigan</b>	<b>\$20</b>	<b>Washington</b>	<b>\$30</b>
<b>Minnesota</b>	<b>\$70</b>	<b>West Virginia</b>	<b>\$NA</b>
<b>Mississippi</b>	<b>\$75</b>	<b>Wisconsin</b>	<b>\$35</b>
		<b>Wyoming</b>	<b>\$25</b>

State Fee \$ \_\_\_\_\_

Expedite 501c3 filing **\$300.00**

**Prepare Bylaws for your organization:** **NO FEE**

We will prepare the bylaws for your non profit organization, which do need to be included with the tax exempt application.

If your organization already has the bylaws prepared or wish to do them yourself, please check mark this box. If applicable, please submit a copy of your bylaws with this application

**TOTAL** \$ \_\_\_\_\_

**Payment Information:**

I wish to pay by:

Check  Money Order

Card Type

Visa  MasterCard  Amex  Discover

Card Number

Exp. Date

**Company Name:**

**Billing Information:**

First Name

Last Name

Address

Address (Cont.)

City

State

Zip code

Country

**Contact Information:** Please list the person that you would like us to contact if we need further information from you.

Name

Address

Address (cont)

City, State Zip

Phone

Fax

Email

I would like any correspondence from Legafilings.com, Inc to come to the above address

- Yes       No (if no, please fill out below information)

Mailing Address  
(include city, state and zip)

I would like for Legafilings.com, Inc. to send the second part of the application via

- email       fax       mail