

**REQUEST FOR DEPT. OF NEBRASKA AMVETS TO FILE 990N**

\_\_\_\_\_  
DATE

Organization's Name:

\_\_\_\_\_  
PHONE NUMBER

Mailing Address:

Principle Officer:

EIN

Gross income for the reporting year were less than \$50,000.00

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Yes                      | No                       |

I/we are requesting the the Dept. of Nebraska AMVETS file IRS Form 990N on our behalf.

This request shall remain in effect until withdrawn in writing by properly authorized person or persons of our organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position of Signer

\_\_\_\_\_  
Date