TY2019 990 MeF ATS Scenario 2

Forms Required: 990, Schedules B, D, M, O and R.

PreparerFirmGrp
- **PreparerFirmEIN** – 00-9001234
- **PreparerFirmName** – Test J. Caesar and Associates
- **PreparerFirmUSAddress** – 5678 Weeping Willow Lane, Anaheim, CA, 92812

MultSoftwarePackagesUsedInd -- no

OriginatorGrp
- **EFIN** – as assigned
- **OriginatorTypeCd** – ERO
- **PractitionerPINGrp**
  - **EFIN** – as assigned
  - **PIN** – as assigned

PinEnteredByCd – Taxpayer or N/A if Online Filer

SignatureOptionCd – Pin Number or Binary Attachment 8453 Signature Document

ReturnTypeCd – 990

TaxPeriodBeginDt – 1/1/2019
TaxPeriodEndDt – 12/31/2019

Filer
- **EIN** – 00-9000004
- **BusinessName** – National Hyrax Association
- **BusinessNameControlTxt** -- NATI
- **USAddress** – 1234 Weeping Willow Lane, Anaheim, CA 92812

BusinessOfficerGrp
- **PersonNm** – Test U. Phrozintows
- **PersonTitleTxt** -- Treasurer
- **PhoneNum** – 714-555-1212
- **EmailAddressTxt** --
- **SignatureDt** – self-select
- **TaxpayerPIN** – self-select

PreparerPersonDetail
- **PreparerPersonNm** – Test J. Caesar
- **PTIN** – P01020304
- **PhoneNum** – 703-555-1212
- **EmailAddressTxt** --
- **PreparationDt** – self select
- **SelfEmployedInd** -- Y

binaryAttachmentCnt – 0