

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

2024

Part I – Identifying Information

Employer Identification Number . 99-1110402

Name Ramsay Hunt Syndrome Foundation

Doing Business As _____

Address PO Box 2038 Room/Suite . _____

City Chapel Hill State . . . NC ZIP Code . . . 27515

Province/State _____ Foreign Postal Code . . _____

Foreign Code _____ Foreign Country _____

Telephone Number _____ Extension . _____ Foreign Phone No. _____

Fax _____ E-Mail Address . . _____

- Eligible for hurricane tax relief legislation benefits, check here**
- File a second return for the same filing year**

Part II – Type of Return

IMPORTANT

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

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

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"/> Public College or University Corporation/Association <input type="checkbox"/> | <input type="checkbox"/> 527 Organization |
| <input type="checkbox"/> Other _____ (describe) Or Trust <input type="checkbox"/> | <input type="checkbox"/> 501(c) Association |
| <input type="checkbox"/> 6417(d)(1)(A) Applicable Entity | |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year — Ending month . . . _____
- Short year — Beginning date . . . _____ Ending date . . . _____
- Change of Accounting Period _____

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2024 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2023 overpayment credited to 2024 estimated tax _____

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/15/24				
2nd Quarter Payment	06/17/24				
3rd Quarter Payment	09/16/24				
4th Quarter Payment	12/16/24				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's Name Nancy Fisher
Officer's SSN _____ Officer's Title President
Officer's Phone number _____

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.

Choose Returns to be Filed Electronically:

Note: Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

Filings To	Original Return	Extension	Amended Return	Estimated Payments			
				1	2	3	4
Federal Filings							
990, 990-EZ, 990-PF, or 990-N . . . ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
990-T ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 114 (FBAR). ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Filings							
<i>Information Only: Selection of state/city return(s) was made . . . ▶</i>							
California Form 199 ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
California Form 109 ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Electronic Filing Information Worksheet ▶ _____
QuickZoom to the Form 8868 Electronic Filing Information Worksheet ▶ _____

Practitioner PIN program:

Sign this return electronically using the Practitioner PIN
 ERO entered PIN
Officer's PIN (enter any 5 numbers) . . 26175
Date PIN entered 03/13/2025

Responsible Party Information:

Yes **No**
 Is Form 8822-B required to report a change of responsible party?

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

Yes No
Use electronic funds withdrawal of Form 990-PF Return balance due (EF Only)?
Use electronic funds withdrawal of Form 990-PF Extension Form 8868 balance due (EF Only)?
Use electronic funds withdrawal of Form 990-PF Amended balance due (EF Only)?
Use electronic funds withdrawal of Form 990-T Return balance due? (EF Only)
Use electronic funds withdrawal of Form 990-T Extension Form 8868 balance due? (EF Only)
Use electronic funds withdrawal of Form 990-T Amended 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

Form 990-PF Payment Information

Enter the Form 990-PF payment date
Balance due amount from this Form 990-PF return
Enter an amount to withdraw tax payment
If partial payment is made, the remaining balance due
Enter the Form 990-PF Extension payment date
Balance-due amount from this 990-PF Extension
Payment date for amended Form 990-PF returns
Balance due amount for amended Form 990-PF return

Form 990-T Payment Information

Enter the Form 990-T payment date
Balance-due amount from this 990-T return
Enter the Form 990-T Extension payment date
Balance-due amount from this 990-T Extension
Enter the amended Form 990-T payment date
Balance-due amount from Form 990-T amended
Date 990-T Exempt Organization Return was EFiled
Date 990-T Exempt Organization Return was accepted
Date 990-T Exempt Organization Extension was EFiled
Date 990-T Exempt Organization Extension was accepted
Date 990-T Exempt Organization Amended Return was EFiled
Date 990-T Exempt Organization Amended Return was accepted

Part IX – Information for Client Letter

Table with 4 columns: Form 990-EZ or Form 990, Form 990-PF, Form 990-T, and Extended Due Date.

Letter Salutation

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . mwr
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 2024, or tax year
beginning _____, 2024, ending _____,

Part I – Identifying Information

Name of Organization Ramsay Hunt Syndrome Foundation
Address PO Box 2038
Room/Suite _____
City Chapel Hill
State NC
ZIP Code 27515

Employer Identification Number . . 99-1110402

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 Nancy Fisher
Person Business
Address 9407 Laurel Springs Drive
City Chapel Hill State . NC ZIP Code . . 27516
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.

IRS e-file Authentication Statement

2024

Keep for your records

Table with 2 columns: Name(s) Shown on Return (Ramsay Hunt Syndrome Foundation) and Employer ID No. (99-1110402)

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 ▶
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 563500 Self-Select PIN 26175

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 2024 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 26175
Date 03/13/2025

Electronic Filing Information Worksheet

Keep for your records

2024

Name(s) shown on return
Ramsay Hunt Syndrome Foundation

Identifying number
99-1110402

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 563500

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: DEVINE & REINHEIMER, CPAS, PC; ERO EFIN: 563500; ERO Address: 304 WEST WEAVER ST ST 101; City: CARRBORO, State: NC, ZIP Code: 27510; ERO Employer ID: 20-2063174; ERO Social Security Number or PTIN: [blank]

Part III - Paid Preparer Information

Firm Name: DEVINE & REINHEIMER, CPAS, PC; Preparer Name: Matt Reinheimer CPA; Address: 304 WEST WEAVER ST ST 101; City: CARRBORO, State: NC, ZIP Code: 27510; Preparer Social Security Number or PTIN: P02054142; Employer ID: 20-2063174; Phone Number: (919) 942-2199; Fax Number: (919) 869-1328; Preparer E-mail Address: matt@devreincpas.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
Check this box to file another 990-T 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 2 columns: State/City *, California State Exempt, and empty rows for selection.

Part V - Name Control

Name Control, enter here to override default RAMS

Preparer Electronic Filing Instructions
Exempt Org

Ramsay Hunt Syndrome Foundation PO Box 2038 Chapel Hill, NC 27515 Accepted Date	99-1110402 03/13/2025
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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 taxpayer signature document is needed

You had your client enter the Federal Self-Select PIN number.

No balance due nor a refund due

After transmission of the return

This return was accepted on 03/13/2025.

Form 8453-EO or Form 8879-EO are NOT needed

You had your client enter the Federal Self-Select PIN number.