

**Streamlined Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

Do not enter Social Security numbers on this form as it will be made public.

Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023

Note: If exempt status is approved, this application will be open for public inspection.

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).

Part I Identification of Applicant

1a Full Name of Organization WAKEFIELD TAXPAYERS AND CIVIC LEAGUE INC					
b Address (number, street, and room/suite). If a P.O. box, see instructions. PO BOX 660574 - WAKEFIELD STATION			c City BRONX	d State NY	e Zip code + 4 10466-0312
2 Employer Identification Number 13-2922261	3 Month Tax Year Ends (MM) 12		4 Person to Contact if More Information is Needed WILLIAM LUDWIG		
5 Contact Telephone Number 718-325-6690			6 Fax Number (optional)		7 User Fee Submitted \$400.00
8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)					
First Name: VIRGINIA		Last Name: SANDERS		Title: PRESIDENT	
Street Address: PO BOX 660574 - WAKEFIELD STATION		City: BRONX		State: NY	Zip code + 4: 10466-0312
First Name: DORIS		Last Name: BRADSHER		Title: 1ST VICE PRESIDENT	
Street Address: PO BOX 660574 - WAKEFIELD STATION		City: BRONX		State: NY	Zip code + 4: 10466-0312
First Name: CARLYNN		Last Name: VITALE		Title: TREASURER	
Street Address: PO BOX 660574 - WAKEFIELD STATION		City: BRONX		State: NY	Zip code + 4: 10466-0312
First Name: WILLIAM		Last Name: LUDWIG		Title: CORRESPONDING SECRETARY	
Street Address: PO BOX 660574 - WAKEFIELD STATION		City: BRONX		State: NY	Zip code + 4: 10466-0312
First Name: MARIE		Last Name: REYES		Title: RECORDING SECRETARY	
Street Address: PO BOX 660574 - WAKEFIELD STATION		City: BRONX		State: NY	Zip code + 4: 10466-0312
9a Organization's Website (if available):		WWW.NEIGHBORHOODLINK.COM/BRONX/WTCL			
b Organization's Email (optional):		WTCL1913@YAHOO.COM			

Part II Organizational Structure

- To file this form, you must be a corporation, an unincorporated association, or a trust. **Check the box** for the type of organization.
 Corporation Unincorporated association Trust
- Check this box** to attest that you have the organizing document necessary for the organizational structure indicated above.
(See the instructions for an explanation of **necessary organizing documents**.)
- Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 03051931
- State of Incorporation or other formation: New York
- Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).
 Check this box to attest that your organizing document contains this limitation.
- Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
 Check this box to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.
 Check this box to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision.

