Entity Validation Documentation Checklist

A guide and checklist for deciding which documents to attach to your SAM.gov entity validation incident.

May 2022

What documentation should I attach?

When you create the incident to validate your entity information, if requested, you must attach **acceptable documents** that prove your entity's legal business name, physical address, date of incorporation, and state of incorporation (U.S. entities) or national identifier (non-U.S. entities).

What is an acceptable document?

It's a document that an authoritative source has used as evidence that your entity is what you say it is. See links to acceptable documents here.

How many attachments should I provide?

Use as many attachments as needed to verify your information. If you have one acceptable document that includes all the requested information, you can attach just that document.

Do I have to include my address on every document?

Proof of state or date of incorporation documents may include only your current legal business name (without the address), **but you must always submit with it at least one document, less than five years old, with your correct and current name and address.**

What file types are accepted?

Recommended file types are PDF, PNG, JPG/JPEG, BMP.

What if my proof of state or date of incorporation (or founding) is very old or the name or address has changed since the entity originally was established?

If you are providing original documentation that is not current (e.g., a name change has occurred or the entity address has changed), or if the documentation you are providing is older than five years, **you must also submit additional, recent documentation** that proves that the change happened (e.g., transfer of business) along with your original paperwork. Provide details in the incident text box on SAM.gov for why there is a discrepancy between the documents you provided and indicate which information is current.

IMPORTANT: At least one document you submit must show, at a minimum, **your entity's current legal business name and correct, current physical address together in the same document that is no older than 5 years. All documents must be in English or have a certified translation.**

The address on the document must include what you put in your validation search (your current, correct address). Do **not** include documents with old addresses unless you are also including a document with evidence of your current name and current, correct physical address.

Your Checklist:

Tip: submitting the correct documents is the best way to expedite review of your validation incident!

- This optional checklist is to help you organize your documentation. Do not upload it to SAM.gov.
- Choose documents for each category on the following pages (see category links, below).
- Use one document to show all of the categories, or use as many as needed as long as at least one document contains both the correct legal business name and current, correct physical address.
- View next steps for how to create an incident, provide details, and attach documents.

❑ Does at least one of your documents show your entity's correct business name and current, correct physical address in the same document (no older than 5 years)?

Category/categories to validate (choose those that need to be updated or verified)	Document(s) must included at least this minimum information
Legal Business Name and Physical Address	☐ Current Legal Business Name ☐ Current Physical Address
State and Date of Incorporation	☐ Current Legal Business Name ☐ State (or country) and Date of Incorporation (Month, Day, Year) ☐ Evidence (stamp/receipt, etc.) showing that it was filed or registered
National Identifier (non-U.S. entities only)	☐ Current Legal Business Name ☐ National Identifier

Worksheet

Documents to Validate **Legal Business Name and Physical Address**

Entity Type	Attach These **Acceptable** Documents (examples)	Unacceptable Documents - **Do Not Attach**

All Entities	• Certified copies of the following:
	  • Share certificates
	  • Articles of organization/incorporation
	  • Tax returns/filings*
	  • Certificate of formation
	  • Articles of formation
	  • Certificate of organization
	• Utility bills
	• Bank statements*
	• “Doing business as” documentation
	• Stock ownership
	• Employer Identification Number documentation from IRS
	• Tax ID confirmation documents from IRS
	• Company bylaws
	• Operating agreements
	• Non-expired driver’s license (does not need to be a REAL ID)—sole proprietors and individuals doing-business-as only
		• Applications you submitted without evidence of receipt or approval from an authority
		• Your own documents that have not been stamped or verified by an authority
		• Screenshots from SAM.gov, dla.CAGE.mil, or any other government system that stores your name and address
		• Federal contract or grant award documents
		• DUNS profiles
		• Notarized entity administrator letters
		• IRS form W-9 (request for Taxpayer Identification Number) and IRS form SS4 (application for an Employer Identification Number)
		• Leases
		• Passports, unless they include the current physical address

This is a list of examples. We accept documentation from state or federal verifiers (or a city/county in rare cases of at-home businesses that would involve an address validation), or a utility that requires a credit verification. We do not accept documentation that does not have proof that it was certified or validated by an authority.
*Tax returns or filings and bank statements should be redacted or limited; they only need to show relevant data to prove the information you are validating is true.

Sample Documents for **Legal Business Name and Physical Address**

Acceptable for:

- ✓ Legal business name
- ✓ Physical address
- ✓ Shows it was officially accepted by an authoritative source (e.g. a seal, stamp, etc.)

Unacceptable Documentation

- × Does not contain both legal name and physical address
- × Does not show evidence of official acceptance
- ✓ Contains legal business name

Electronic Articles of Organization
For
Florida Limited Liability Company

L[redacted]
FILED 8:00 AM
February 25, 2014
Sec. Of State
[redacted]

Article I

The name of the Limited Liability Company is:

ACME, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

123 Main St.
Anytown, FL
12345

The mailing address of the Limited Liability Company is:

[redacted]

Article I[illegible]

The name and Florida street addr[illegible] registered agent is:

[redacted]

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: [redacted]

Sample

CORPORATE BYLAWS
of

[redacted]

ARTICLE I
Company Formation

1.01. **FORMATION.** This Corporation is formed pursuant to the the laws of the State of _____.

1.02. **CORPORATE CHARTER COMPLIANCE.** The Board of Directors (the "Board") acknowledges and agrees that they caused Articles of Incorporation to be filed with the relevant state authority and all filing fees have been paid and satisfied.

1.03. **REGISTERED OFFICE & REGISTERED AGENT.** The registered office [illegible] corporation shall be as stated in the Articles of [illegible]ation, unle[illegible]mended. The ad[illegible] the registered office may be changed from tim[illegible]e. The Co[illegible]n must m[illegible] statement of acceptance from the Corporat[illegible]n's [illegible]nt registered age[illegible]

1.04. **OTHER OFFICES.** The Corpora[illegible]n may ha[illegible]e other offices as select[illegible]

1.05. **CORPORATE SEAL.** [illegible]d may adopt a corpo[illegible] their choosing. The adoptio[illegible] and use of a corporate seal is [illegible]

1.06. **PURPOSE.** This Corporation is formed to engage in any lawfu[illegible]

1.07. **ADOPTION OF BYLAWS.** These corporate by[illegible]

ARTICLE 2
Board of Directors

2.01. **INITIAL MEETING OF THE BOARD.** The Board [illegible] meeting necessary to begin the business operations of the Corporati[illegible] [illegible]ng [illegible]doption of these Bylaws.

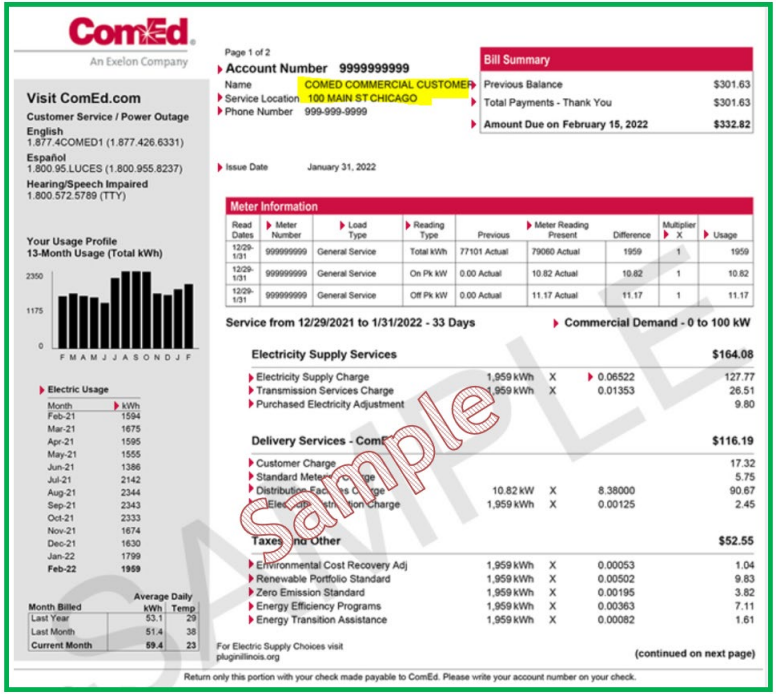
Sample

Tip: For this to be an acceptable document for legal business name, it would need to include both the legal business name and physical address and have a seal or other proof that it was filed with an authority.

Sample Documents for **Legal Business Name & Physical Address**

Acceptable for:

- ✓ This is an approved document type
- ✓ Legal business name
- ✓ Physical address (if it's the same as the Service Location on this sample statement)



ComEd
An Exelon Company

Page 1 of 2

Account Number 9999999999
Name COMED COMMERCIAL CUSTOMER
Service Location 100 MAIN ST CHICAGO
Phone Number 999-999-9999

Bill Summary

Previous Balance	$301.63
Total Payments - Thank You	$301.63
Amount Due on February 15, 2022	$332.82

Issue Date January 31, 2022

Visit ComEd.com
Customer Service / Power Outage
English
1.877.4COMED1 (1.877.426.6331)
Español
1.800.95.LUCES (1.800.955.8237)
Hearing/Speech Impaired
1.800.572.5789 (TTY)

Your Usage Profile
13-Month Usage (Total kWh)

Meter Information

Read Dates	Meter Number	Load Type	Reading Type	Previous	Meter Reading Present	Difference	Multiplier X	Usage
12/29-1/31	999999999	General Service	Total kWh	77101 Actual	79060 Actual	1959	1	1959
12/29-1/31	999999999	General Service	On Pk kW	0.00 Actual	10.82 Actual	10.82	1	10.82
12/29-1/31	999999999	General Service	Off Pk kW	0.00 Actual	11.17 Actual	11.17	1	11.17

Service from 12/29/2021 to 1/31/2022 - 33 Days
Commercial Demand - 0 to 100 kW

Electric Usage

Month	kWh
Feb-21	1594
Mar-21	1675
Apr-21	1595
May-21	1555
Jun-21	1386
Jul-21	2142
Aug-21	2344
Sep-21	2343
Oct-21	2333
Nov-21	1674
Dec-21	1630
Jan-22	1799
Feb-22	1959

Electricity Supply Services				$164.08
Electricity Supply Charge	1,959 kWh	X	0.06522	127.77
Transmission Services Charge	1,959 kWh	X	0.01353	26.51
Purchased Electricity Adjustment				9.80
Delivery Services - ComEd				$116.19
Customer Charge				17.32
Standard Meter Charge				5.75
Distribution Facilities Charge	10.82 kW	X	8.38000	90.67
Electricity Distribution Charge	1,959 kWh	X	0.00125	2.45
Taxes and Other				$52.55
Environmental Cost Recovery Adj	1,959 kWh	X	0.00053	1.04
Renewable Portfolio Standard	1,959 kWh	X	0.00502	9.83
Zero Emission Standard	1,959 kWh	X	0.00195	3.82
Energy Efficiency Programs	1,959 kWh	X	0.00363	7.11
Energy Transition Assistance	1,959 kWh	X	0.00082	1.61

Month Billed	Average Daily kWh	Average Daily Temp
Last Year	53.1	29
Last Month	51.4	38
Current Month	59.4	23

For Electric Supply Choices visit pluginillinois.org

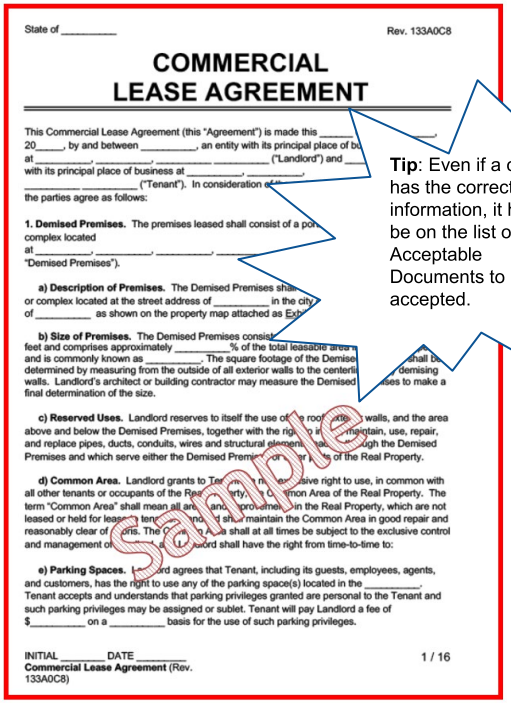
(continued on next page)

Return only this portion with your check made payable to ComEd. Please write your account number on your check.

SAMPLE

Unacceptable Documentation

- × Even with the correct information, leases are unable to be verified and are not considered an acceptable form of documentation.



State of _____ Rev. 133A0C8

COMMERCIAL
LEASE AGREEMENT

This Commercial Lease Agreement (this "Agreement") is made this _____, 20_____, by and between _____, an entity with its principal place of bu at _____, _____, _____ _____ ("Landlord") and ___ with its principal place of business at _____, _____, _____ _____ ("Tenant"). In consideration of the parties agree as follows:

1. Demised Premises. The premises leased shall consist of a por complex located at _____, _____, _____, "Demised Premises").

a) Description of Premises. The Demised Premises shall or complex located at the street address of _____ in the city of _____ as shown on the property map attached as Exh

b) Size of Premises. The Demised Premises consist feet and comprises approximately _____% of the total leasable area and is commonly known as _____. The square footage of the Demised determined by measuring from the outside of all exterior walls to the centerli walls. Landlord's architect or building contractor may measure the Demised final determination of the size.

c) Reserved Uses. Landlord reserves to itself the use of the roof, exte walls, and the area above and below the Demised Premises, together with the rig to install, maintain, use, repair, and replace pipes, ducts, conduits, wires and structural elements located through the Demised Premises and which serve either the Demised Premises or other parts of the Real Property.

d) Common Area. Landlord grants to Tenant a non-exclusive right to use, in common with all other tenants or occupants of the Real Property, the Common Area of the Real Property. The term "Common Area" shall mean all areas and improvements in the Real Property, which are not leased or held for lease to tenants. Landlord shall maintain the Common Area in good repair and reasonably clear of obstructions. The Common Area shall at all times be subject to the exclusive control and management of Landlord. Landlord shall have the right from time-to-time to:

e) Parking Spaces. Landlord agrees that Tenant, including its guests, employees, agents, and customers, has the right to use any of the parking space(s) located in the _____. Tenant accepts and understands that parking privileges granted are personal to the Tenant and such parking privileges may be assigned or sublet. Tenant will pay Landlord a fee of $_____ on a _____ basis for the use of such parking privileges.

INITIAL _____ DATE _____ 1 / 16
Commercial Lease Agreement (Rev. 133A0C8)

Sample

Tip: Even if a contract has the correct information, it has to be on the list of Acceptable Documents to be accepted.

Documents to Validate **State and Date of Incorporation**

Entity Type	Attach These **Acceptable** Documents (examples)	Unacceptable Documents - **Do Not Attach**
• **All Entities Located in the U.S.** • **Tribal Governments** • **U.S. Territories**	• Anything from the Legal Business Name list that also includes the **state** and **date** of incorporation • Entities that are not incorporated may be able to submit other documentation.	• Applications you submitted without evidence of receipt/approval from an authority • Your own documents that have not been stamped/verified by an authority • Screenshots from SAM.gov, dla.CAGE.mil, or any other government system that stores your name and address • DUNS profiles • Federal contract or grant award documents • Notarized entity administrator letters • IRS form W-9 (request for Taxpayer Identification Number) and IRS form SS4 (application for an Employer Identification Number) • Leases
International Entities	• Anything from the Legal Business Name list that also includes the **country** and **date** of incorporation • Entities that are not incorporated may be able to submit other documentation.	

This is a list of examples. We accept documentation from state or federal verifiers (or a city/county in rare cases of at-home businesses that would involve an address validation), or a utility that requires a credit verification. We do not accept documentation that does not have proof that it was certified or validated by an authority.

What if my entity is not incorporated?

If it is requested of you during entity validation, you must provide documents that match and support the date you entered into the Date of Incorporation field in SAM.gov. If your entity is not incorporated, provide documentation of the date that your entity legally began doing business, was founded, or was established.

For example:

- The date a university department was founded.
- The date a sole proprietorship provides received their EIN.
- The date a township or city office was established.

In addition to entering this on the validation screen in SAM.gov, the documentation you submit (if requested) must display this date.

If you looked at the guidance on the State and Date of Incorporation document list and did not see any documentation that fits for your entity, check the next page for examples of documents that have been accepted or rejected for validation of entities without a date of incorporation.

Note: it is not typical for entities that are individual people (i.e. sole proprietors and those doing-business-as) to be asked for date of incorporation documentation. You do not need to include evidence for state and date of incorporation unless it's requested of you during entity validation.

Non-Incorporated Entities: Additional Documents for **Date and State of Incorporation**

Entity Type	Attach These **Acceptable** Documents (examples)	Unacceptable Documents - **Do Not Attach**
Sole Proprietors, DBA	If nothing on the State and Date of Incorporation list fits for you, instead you could provide: • Schedule C from the year you started doing business with evidence that it was filed, such as a preparer's name, e-filing software receipt *If you are an individual who is part of a partnership, the year the partnership was formed might be the correct information and documentation.*	• Passports • Driver's licenses
Partnerships	If nothing on the State and Date of Incorporation list fits for you, instead you could provide: • Formation documents, partnership agreements • Partnership Tax Return* showing when the partnership was initiated	• Unfiled partnership agreements
• **State/Local Government Entities (e.g., a town, state office or department)** • **U.S. Territory Entities** • **Tribal Government Entities**	If nothing on the State and Date of Incorporation list fits for you, instead you could provide: • Town charter • Documentation from state governments for town existence • Governor's declarations • Formal resolution from town council establishing office	• Photos of your town's sign • Documentation from your own government (must be certified outside of your governing body)

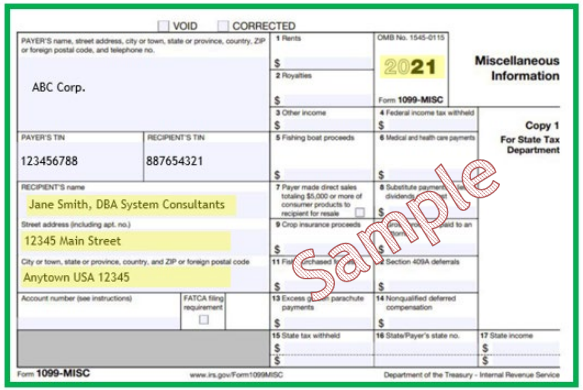
This is a list of examples. We accept documentation from state or federal verifiers (or a city/county in rare cases of at-home businesses that would involve an address validation), or a utility that requires a credit verification. We do not accept documentation that does not have proof that it was certified or validated by an authority.

*Tax returns or filings and bank statements should be redacted or limited; they only need to show relevant data to prove the information you are validating is true.

Sample Documents for **State and Date of Incorporation**

Acceptable for:

- ✓ This is an approved document type
- ✓ Legal business name
- ✓ State where your business is established
- ✓ Year you started receiving income



VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.: ABC Corp.

1 Rents: $

2 Royalties: $

3 Other income: $

4 Federal income tax withheld: $

OMB No. 1545-0115 — 2021 — Form 1099-MISC

Miscellaneous Information

Copy 1 For State Tax Department

PAYER'S TIN: 123456788

RECIPIENT'S TIN: 887654321

5 Fishing boat proceeds: $

6 Medical and health care payments: $

RECIPIENT'S name: Jane Smith, DBA System Consultants

Street address (including apt. no.): 12345 Main Street

City or town, state or province, country, and ZIP or foreign postal code: Anytown USA 12345

7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale: $

8 Substitute payments in lieu of dividends or interest: $

9 Crop insurance proceeds: $

10 Gross proceeds paid to an attorney: $

11 Fish purchased for resale: $

12 Section 409A deferrals: $

Account number (see instructions)

FATCA filing requirement

13 Excess golden parachute payments: $

14 Nonqualified deferred compensation: $

15 State tax withheld: $ $

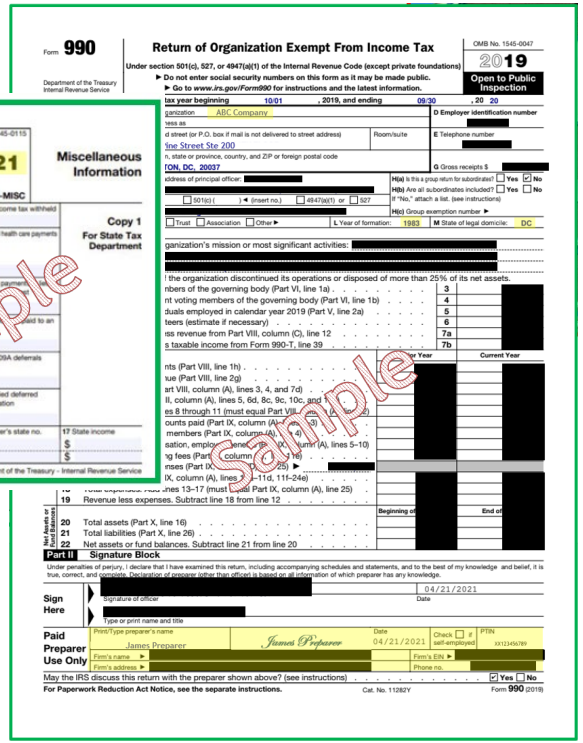
16 State/Payer's state no.

17 State income: $ $

Form 1099-MISC www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

Sample

DBA example



Form 990 — Department of the Treasury, Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 — 2019 — Open to Public Inspection

For the 2019 calendar year or tax year beginning 10/01, 2019, and ending 09/30, 20 20

Name of organization: ABC Company

D Employer identification number

Number and street (or P.O. box if mail is not delivered to street address): 9ine Street Ste 200 — Room/suite

E Telephone number

City or town, state or province, country, and ZIP or foreign postal code: TON, DC, 20037

G Gross receipts $

F Name and address of principal officer:

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No — If "No," attach a list. (see instructions)

I Tax-exempt status: ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H(c) Group exemption number ▶

J Website: ▶

K Form of organization: ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983

M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voluntary members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5

6 Total number of volunteers (estimate if necessary) 6

7a Total gross revenue from Part VIII, column (C), line 12 7a

7b Net unrelated business taxable income from Form 990-T, line 39 7b

Prior Year — Current Year

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fees and other payments to independent contractors (Part IX, column (A), lines 11e–11g)

b Total fundraising expenses, if any

17 Other expenses (Part IX, column (A), lines 11a–11d, 11h–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Beginning of Current Year — End of Year

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here — Signature of officer — Date 04/21/2021

Type or print name and title

Paid Preparer Use Only — Print/Type preparer's name: James Preparer — Signature: James Preparer — Date 04/21/2021 — Check ☐ if self-employed — PTIN XX123456789

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2018)

Sample

LLC example

Unacceptable Documentation

- × Even with the name of the city entity and the year on the sign, this is not officially certified documentation so it is not an approved document for this criteria.

Tip: Instead, include the official charter of your town, a governor's declaration, or other officially recognized documentation.

Documents to Validate **National Identifier**

Entity Type	Attach These **Acceptable** Documents (examples)	Unacceptable Documents - **Do Not Attach**
• **All Entities Located in the U.S.** • **Tribal Governments** • **U.S. Territories**	• Not Required	• N/A
International Entities	• Employer Identification Number Documentation • Tax Identification Documents* • Tax Returns/Filings* *All documents must be translated into the English language following [these guidelines](#).*	• Applications you submitted without evidence of receipt/approval from an authority • Screenshots from SAM.gov, dla.CAGE.mil, or any other government system that stores your name and address • Federal contract or grant award documents • DUNS profiles • Notarized entity administrator letters • Documents in languages other than English without translation

This is a list of examples. We accept documentation from state or federal verifiers (or a city/county in rare cases of at-home businesses that would involve an address validation), or a utility that requires a credit verification. We do not accept documentation that does not have proof that it was certified or validated by an authority.
*Tax returns or filings and bank statements should be redacted or limited; they only need to show relevant data to prove the information you are validating is true.
**Your national identifier is issued by the government of your country and could be your passport number, driver's license number, or other national or tax identification number. If you use a Tax Identification Number (TIN), you can only use one that has all numeric values (no letters or special characters).

English Translation Guidance

If you submit a document containing foreign language to SAM.gov, you **must** also include a **full English language translation of that document with certification**. You will attach a copy of both the original document and the full English translation.

The translator must certify the translation as complete and accurate, and by the translator's certification, assert that he or she is competent to translate from the foreign language into English. We suggest using this format which includes the translator's name, signature, address, and certification date on the translated document.

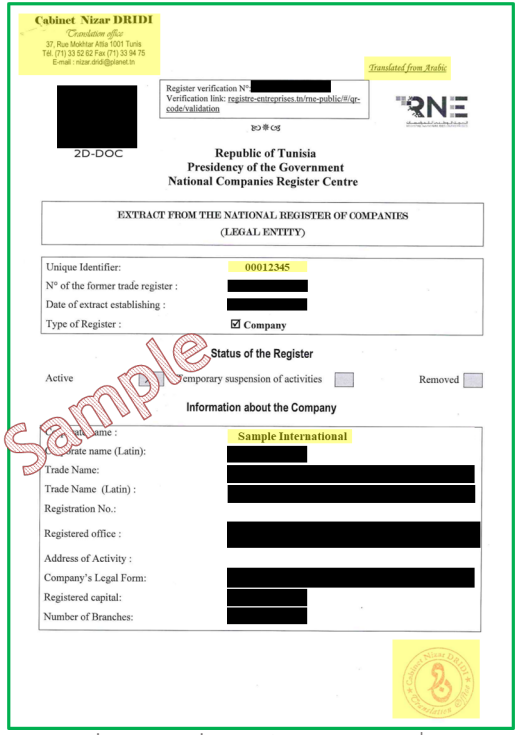
Certification by Translator

> I [insert typed name], certify that I am fluent (conversant) in the English and [insert foreign language] languages, and that the above/attached document is an accurate translation of the document attached entitled [insert translated document name].
>
> [Signature]
>
> [Typed Name]
>
> [Address]
>
> [Certification Date]

Sample Documents for **National Identifier**

Acceptable for:

- ✓ This is an approved document type
- ✓ Legal business name
- ✓ National Identifier
- ✓ Includes evidence it was received and processed by an authoritative source
- ✓ Translated into English



Cabinet Nizar DRIDI
Translation office
37, Rue Mokhtar Attia 1001 Tunis
Tél. (71) 33 52 62 Fax (71) 33 94 75
E-mail : nizar.drid@planet.tn

Translated from Arabic

Register verification N° [redacted]
Verification link: registre-entreprises.tn/rne-public/#/qr-code/validation

[redacted]
2D-DOC

Republic of Tunisia
Presidency of the Government
National Companies Register Centre

EXTRACT FROM THE NATIONAL REGISTER OF COMPANIES
(LEGAL ENTITY)

Unique Identifier: 00012345
N° of the former trade register : [redacted]
Date of extract establishing : [redacted]
Type of Register : ☑ Company

Status of the Register

Active ☐ Temporary suspension of activities ☐ Removed ☐

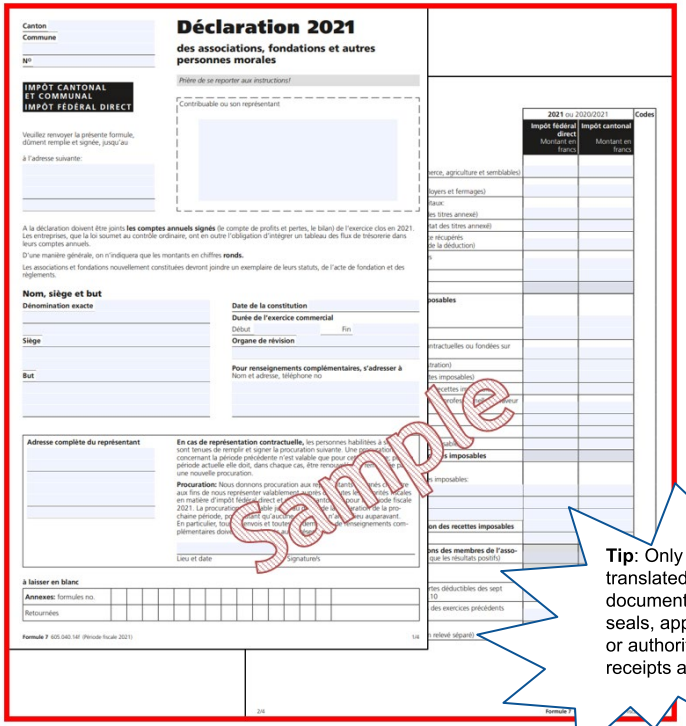
Information about the Company

Trade Name : Sample International
Abbreviate name (Latin): [redacted]
Trade Name: [redacted]
Trade Name (Latin) : [redacted]
Registration No.:
Registered office : [redacted]
Address of Activity :
Company's Legal Form: [redacted]
Registered capital: [redacted]
Number of Branches: [redacted]

Sample

Unacceptable Documentation

- × Templates or self-filled tax forms will not be accepted without tax preparer's credentials or a government receipt attached indicating it was received.
- × International documentation must be translated into English.



Canton
Commune
N°

IMPÔT CANTONAL ET COMMUNAL
IMPÔT FÉDÉRAL DIRECT

Déclaration 2021
des associations, fondations et autres personnes morales

Prière de se reporter aux instructions!

Contribuable ou son représentant

Veuillez renvoyer la présente formule, dûment remplie et signée, jusqu'au

à l'adresse suivante:

A la déclaration doivent être joints **les comptes annuels signés** (le compte de profits et pertes, le bilan) de l'exercice clos en 2021. Les entreprises, que la loi soumet au contrôle ordinaire, ont en outre l'obligation d'intégrer un tableau des flux de trésorerie dans leurs comptes annuels.

D'une manière générale, on n'indiquera que les montants en chiffres **ronds.**

Les associations et fondations nouvellement constituées devront joindre un exemplaire de leurs statuts, de l'acte de fondation et des règlements.

Nom, siège et but

Dénomination exacte

Siège

But

Date de la constitution

Durée de l'exercice commercial

Début Fin

Organe de révision

Pour renseignements complémentaires, s'adresser à
Nom et adresse, téléphone no

Adresse complète du représentant

En cas de représentation contractuelle, les personnes habilitées à s[illegible] sont tenues de remplir et signer la procuration suivante. Une [illegible] concernant la période précédente n'est valable que pour c[illegible] période actuelle elle doit, dans chaque cas, être renou[illegible] une nouvelle procuration.

Procuration: Nous donnons procuration aux re[illegible] aux fins de nous représenter valablement auprès [illegible] en matière d'impôt fédéral direct et [illegible] pour [illegible] 2021. La procuration [illegible] de la pro-chaine période, [illegible] auparavant. En particulier, tou[illegible] renvois et toute[illegible] de renseignements com-plémentaires dou[illegible]

Lieu et date Signature/s

à laisser en blanc

Annexes: formules no.

Retournées

Formule 7 605.040.14f (Période fiscale 2021)

1/4

2/4

Formule 7

	2021 ou 2020/2021		Codes
	Impôt fédéral direct Montant en francs	Impôt cantonal Montant en francs	

Sample

Tip: Only include translated documents with seals, approvals, or authoritative receipts attached.

Example Scenario

An entity administrator for ACME, LLC entered the following current information on the entity validation screen*:

Entity Legal Business Name: ACME, LLC
Physical Address: 123 Main St. Anytown, HI 96701
Date/State of Incorporation: January 1, 1957

Because the entity changed **physical addresses** recently, the potential entity matches offered in SAM.gov didn't show the correct, current address.

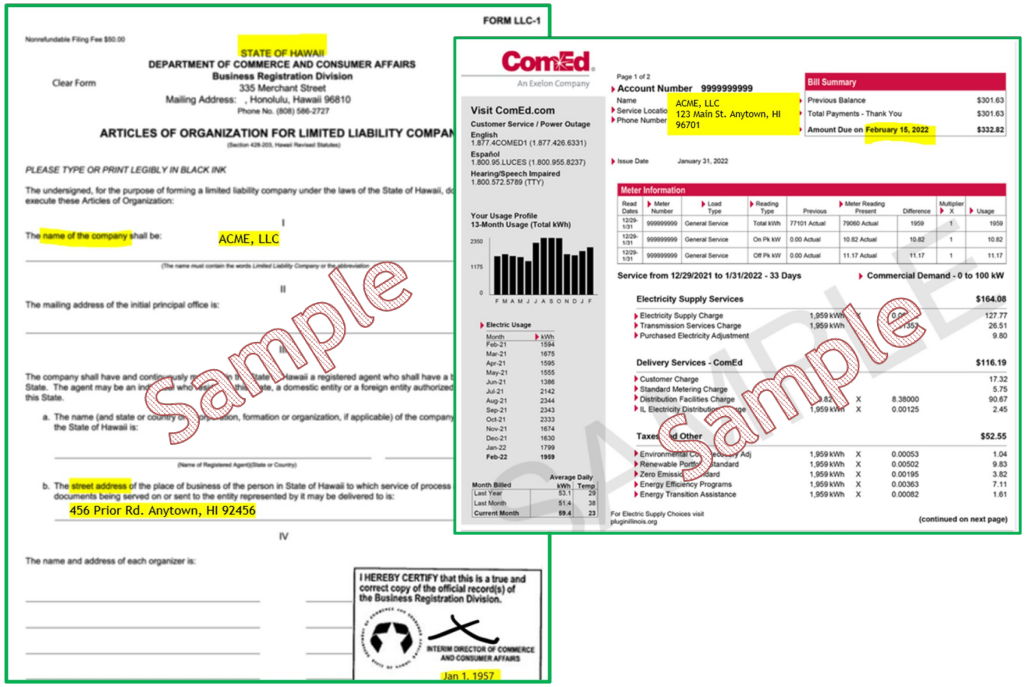
The **date of incorporation**—or founding—could also not be validated.

The administrator was requested to provide documentation to support both of these pieces of entity information.

Fortunately, they have a copy of their originally approved **articles of organization**. But because the information is older than 5 years, and because the address is not current the administrator must also include another document. The administrator chooses a recent **utility bill** that displays both the correct legal business name and the correct, current physical address.

Together, these documents show adequate evidence of the information that needs to be updated in SAM.gov for this entity.

*For Illustrative Purposes Only



FORM LLC-1

Nonrefundable Filing Fee $50.00

Clear Form

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: , Honolulu, Hawaii 96810
Phone No. (808) 586-2727

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPAN

(Section 428-203, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a limited liability company under the laws of the State of Hawaii, do
execute these Articles of Organization:

I

The name of the company shall be: ACME, LLC

(The name must contain the words Limited Liability Company or the abbreviation

II

The mailing address of the initial principal office is:

The company shall have and continuously m in the State of Hawaii a registered agent who shall have a b
State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized
this State.

a. The name (and state or country of organization, formation or organization, if applicable) of the company
the State of Hawaii is:

(Name of Registered Agent)(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process
documents being served on or sent to the entity represented by it may be delivered to is:
456 Prior Rd. Anytown, HI 92456

IV

The name and address of each organizer is:

I HEREBY CERTIFY that this is a true and correct copy of the official record(s) of the Business Registration Division.

INTERIM DIRECTOR OF COMMERCE AND CONSUMER AFFAIRS

Jan 1, 1957

ComEd
An Exelon Company

Page 1 of 2

Account Number 9999999999
Name ACME, LLC
Service Locatio 123 Main St. Anytown, HI 96701
Phone Number

Bill Summary

Previous Balance	$301.63
Total Payments - Thank You	$301.63
Amount Due on February 15, 2022	$332.82

Issue Date January 31, 2022

Visit ComEd.com
Customer Service / Power Outage
English
1.877.4COMED1 (1.877.426.6331)
Español
1.800.95.LUCES (1.800.955.8237)
Hearing/Speech Impaired
1.800.572.5789 (TTY)

Your Usage Profile
13-Month Usage (Total kWh)

2300
1175
0
F M A M J J A S O N D J F

Electric Usage

Month	kWh
Feb-21	1594
Mar-21	1675
Apr-21	1595
May-21	1555
Jun-21	1386
Jul-21	2142
Aug-21	2344
Sep-21	2343
Oct-21	2333
Nov-21	1674
Dec-21	1630
Jan-22	1799
Feb-22	1959

Month Billed	Average Daily kWh	Average Daily Temp
Last Year	53.1	29
Last Month	51.4	38
Current Month	59.4	23

Meter Information

Read Dates	Meter Number	Load Type	Reading Type	Meter Reading Previous	Meter Reading Present	Difference	Multiplier X	Usage
12/29-1/31	999999999	General Service	Total kWh	77101 Actual	79060 Actual	1959	1	1959
12/29-1/31	999999999	General Service	On Pk kW	0.00 Actual	10.82 Actual	10.82	1	10.82
12/29-1/31	999999999	General Service	Off Pk kW	0.00 Actual	11.17 Actual	11.17	1	11.17

Service from 12/29/2021 to 1/31/2022 - 33 Days
Commercial Demand - 0 to 100 kW

Electricity Supply Services				$164.08
Electricity Supply Charge	1,959 kWh			127.77
Transmission Services Charge	1,959 kWh			26.51
Purchased Electricity Adjustment				9.80
Delivery Services - ComEd				**$116.19**
Customer Charge				17.32
Standard Metering Charge				5.75
Distribution Facilities Charge	1.0 kW	X	8.38000	90.67
IL Electricity Distribution Charge	1,959 kWh	X	0.00125	2.45
Taxes and Other				**$52.55**
Environmental Cost (Delivery Adj)	1,959 kWh	X	0.00053	1.04
Renewable Portfolio Standard	1,959 kWh	X	0.00502	9.83
Zero Emission Standard	1,959 kWh	X	0.00195	3.82
Energy Efficiency Programs	1,959 kWh	X	0.00363	7.11
Energy Transition Assistance	1,959 kWh	X	0.00082	1.61

For Electric Supply Choices visit pluginillinois.org

(continued on next page)

Sample

TIP: If the entity had been organized more recently (less than 5 years) the articles of organization could have been used alone if the address was current and correct.

Also, if just the physical address had been out of date, and there was no a need to validate the date of incorporation, the administrator could have included just the utility bill, which has the correct, current physical address along with the legal business name.

Creating an Incident: Attach Documents and Complete the Text Box

Read this article about how to create an incident and attach your documents.

Note: When you create an incident, there is a text box on the screen. Please clearly state what is not correct about the matches presented or state that no matches were presented. Clearly state the correct name, address, or other data for which you are providing documentation. Provide the name (electric bill, articles of incorporation. etc.) of the document(s) you are including and what each should be used to validate. Providing as much detail as possible will help the validation agents reviewing your incident resolve the issue.

For example:

"My entity physical address does not show in any of the matches I was presented. My correct name and address is _____. I included a recent utility bill with my correct legal business name and physical address for evidence."	*"My date of incorporation was not accepted. My correct date of incorporation is MM/DD/YYYY. I have included my original articles of organization from MM/DD/YYYY which shows this, but since it's older than 5 years, I also included a recent utility bill that confirms our current legal business name and current, correct physical address."*	*"There were no matches for my entity. I have included my tax return and receipt to show my legal business name, physical address, and the date and state my business was established."*

→ Learn more about what you can expect after submitting your validation incident, including how to check the status of your validation request.

→ Browse our collection of help FAQs here to learn more about entity validation.

→ Did the entity validation team request additional documentation? Did you forget to add a document or find a better document to evidence your entity information after submitting your incident? Follow these instructions to update your attachments.