## **AUTHORIZATION FORM**

| F.E.I.N                       | (Clubs           | Only)                                 |            |                     |              |
|-------------------------------|------------------|---------------------------------------|------------|---------------------|--------------|
| MEDINAH SHRINERS              |                  |                                       |            |                     |              |
| 550 N SHRINERS DRIVE          |                  |                                       |            |                     |              |
| ADDISON, IL 60101             |                  |                                       |            |                     |              |
| This will constitute your a   | authorization to | o include gross income                | , receipts | , disbursements, a  | nd any other |
| information relating there    | eto of:          |                                       |            |                     |              |
| (Unit/ Committee/Shrine       | Club)            |                                       |            |                     |              |
| in the group return (Form     | 1990) for the y  | ear 2023 to be filed by               | Medinah    | Temple.             |              |
| I hereby declare under th     | e penalties of   | perjury that this autho               | rization ( | including all accom | npanying     |
| schedules and statement       | s) has been ex   | amined by me and to tl                | ne best o  | f my knowledge ar   | nd belief is |
| true, correct and comple      | te and made in   | good faith.                           |            |                     |              |
|                               |                  |                                       |            |                     |              |
| C:                            |                  | 2 1/7 12                              |            |                     |              |
| Signature of Officer Prepared | _                | · · · · · · · · · · · · · · · · · · · | Date       | Title               |              |
| Cell Phone:                   | _ Email:         |                                       |            | •                   |              |
|                               |                  |                                       |            |                     |              |
| Signature - Chairman of A     |                  |                                       |            | Date                |              |
| Cell Phone:                   | _ Email:         |                                       |            | -                   |              |

## ALL RETURNS & DOCUMENTS ARE DUE BY March 15, 2024

Note: You may mail or turn in hard copies to the Temple office at the address above. Preferably /alternatively, the completed primary return in EXCEL file format along with this form and all supporting forms and documents (the latter may be scanned or a clear picture taken) and emailed to addresses below. Retain all original signed and completed documents along with your original financial records and receipts in your club / unit files for seven years.

Email to: Recorder@Medinah.org Bill Sassaman Recorder 630-258-3485