TY2020 990 MeF ATS Scenario 3
EIN: 00-9000005

Forms Required: 990, Schedules A, F, I and O.
Attachments: Name Change PDF
Other Information: These fields must be present in the return.
1) Element: 'accountingPeriodChangeCd'.
2) Element: 'accountingPeriodChangeApprvCd' = "REVENUE PROCEDURE 85-58 RULES APPLY"

PreparerFirmGrp
- **PreparerFirmEIN** – 00-9000022
- **PreparerFirmName** – Camellia Bookkeeping Service
- **PreparerFirmUSAddress** – 645 Salem St, Nixon, NV 89424

MultSoftwarePackagesUsedInd -- no

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

PinEnteredByCd – ERO or N/A if Online Filer

SignatureOptionCd – Pin Number or Binary Attachment 8453 Signature Document

ReturnTypeCd – 990

TaxPeriodBeginDt – 6/1/2020
TaxPeriodEndDt – 4/30/2021

Filer
- **EIN** – 00-9000005
- **BusinessName** – New Hickory Charitable Trust
- **BusinessNameControlTxt** -- NHIC
- **USAddress** – 1234 Hickory Lane, Fairfax, VA 22031

BusinessOfficerGrp
- **PersonNm** – Bank Trustee
- **PersonTitleTxt** -- Trustee
- **PhoneNum** – 703-555-1212
- **EmailAddressTxt** --
- **SignatureDt** – self-select
- **TaxpayerPIN** – self-select

TY2020 990 MeF ATS Scenario 3 cont.

PreparerPersonDetail

PreparerPersonNm – Test N. Camellia
PTIN – P00000001
PhoneNum – 775-555-1212
EmailAddressTxt --
PreparationDt – self select
SelfEmployedInd -- N

SigningOfficerGrp

PersonFirstNm - Bank
PersonLastNm - Trustee
SSN – 999-00-9999

binaryAttachmentCnt – 0