

REQUEST FOR COPY OF TAX RETURN

1.) Name shown tax return.

2.) Your current name, address (including apt. room or suite no) city, state and ZIP code

3.) Year or period requested. Enter the ending date of the year or period using the mm/dd/yy format

4.) Fee. There is a \$57 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to DERVAES INSTITUTE

a) Cost for each return

b) Number of returns

c) Total cost. Multiply line 4a by line 4b

TOTAL: _____

5.) Signature _____
(please print)

Date _____

Telephone number _____

Dervaes Institute 631 Cypress Ave, Pasadena CA 91103

Dervaes Institute, established August 18, 2006, is an earth-care ministry and a California Corporation Sole under California Corporations Code Section 10000-10015 and is tax exempt under IRS Code § 508(c)(1)(A). On October 30, 2010, it submitted IRS form 1023 in order to receive its determination letter as a private foundation under IRS Code § 501(c)(3).