



**State of Tennessee**

312 Rosa L. Parks Avenue, 8th Floor  
Nashville, Tennessee 37243  
615-741-2555 / Fax: 615-253-5173

# INACTIVE REQUEST FORM

**INSTRUCTIONS:** Pursuant to T.C.A. § 48-101-506(h), any person that ceases solicitation activities after registration must notify the secretary of state of such fact within thirty (30) days after solicitation activities end. Within ninety (90) days after the end of the solicitation activities or ninety (90) days after its fiscal year ends, that person shall file with the secretary financial documentation required by T.C.A. § 48-101-506(b).

Name of Organization: \_\_\_\_\_ CO ID: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I, \_\_\_\_\_, do swear and affirm that \_\_\_\_\_ is  
Print Name Name of Organization

no longer receiving or soliciting donations from or within the State of Tennessee, effective immediately. I do swear and affirm that this organization will no longer conduct any solicitations in the State of Tennessee and understand that if the organization wants to solicit from or within the State of Tennessee in the future, it must first register with this office. I understand that the above mentioned organization will be deemed Inactive in the State of Tennessee upon receipt of this form by the Division of Charitable Solicitations.

**AND/OR**

I swear and affirm that the above mentioned organization is not receiving contributions from Tennessee on a repeated and ongoing basis or a substantial basis through its websites, as defined by Tenn. Comp. R. & Regs. 1360-03-01-.01.

PLEASE ATTACH A COPY OF YOUR LATEST IRS FORM 990

**SIGNATURE:**

*I certify that the information in this Inactive Request Form is true and correct to the best of my knowledge*

\_\_\_\_\_  
Signature of Principal Officer or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date