

4-H CHICKEN BARBECUE



MISSOURI STATE FAIR ENTRIES

Monday, August 14, 2017
East side of 4-H Building

Return completed form by **June 30, 2017** to Contest Chairperson:

Jesse Lyons
S-133 ASRC, University of Missouri
Columbia, MO 65211

TITLE (CHECK ONE)

MR. MRS. MISS MS.

EXHIBITOR'S NAME

ADDRESS

CITY

STATE

ZIP CODE

COUNTY NAME

DAYTIME TELEPHONE

BIRTH DATE (MM/DD/YYYY)

*E-MAIL ADDRESS

EXHIBITOR'S SIGNATURE

DATE

Please accept these entries subject to the rules and regulations as carried in the 2017 Missouri State Fair online premium guide by which I agree to be governed, and I further declare that all statements made in connection with said entries are true. By signing this form, I agree to abide by the photograph release. *By providing your e-mail address you are giving MSF permission to send you information electronically.

NOTE: Up to 10 grills will be available and allocated by date of request on this entry.

DO YOU REQUEST TO BORROW A GRILL TO USE?

YES NO MARK YES, IF YOU WISH TO REQUEST A LOANER GRILL.

EXTENSION AGENT'S APPROVAL SIGNATURE

TELEPHONE NUMBER

4-H COUNTY OF MEMBERSHIP

The Entrant's Coach or an alternative adult assistant is requested to be present for the contest.

SIGNATURE OF COACH

TELEPHONE NUMBER

**MISSOURI
STATE FAIR**

AUG 10-20, 2017

SEDALIA



VENDOR INPUT INSTRUCTIONS

To claim Missouri State Fair premiums won in conjunction with entries, you are required to provide the following information on the Vendor Input Form:

- **Exhibitor's name and Social Security Number, as shown on social security card**
- **Exhibitor's valid mailing address**
- **Exhibitor's valid telephone number**
- **Two signatures (at black "X" and at bottom of form)**

Forms must be returned to the Missouri State Fair with your entries to:

Mail: Missouri State Fair Entries
2503 W. 16th St.
Sedalia, MO 65301

Please make sure information is provided for the EXHIBITOR, and not for a parent or guardian.

To receive your premium payment via direct deposit into your bank account, please take the form to your bank and have a representative complete the section "TO BE COMPLETED BY FINANCIAL INSTITUTION". If this information is left blank, a paper check will be mailed.

Premiums not claimed by the end of the calendar year will be forfeited, per Missouri State Fair rules and regulations.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR INPUT/ACH-EFT APPLICATION

***REQUIRED FIELDS**

*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN _____ _____ _____	*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER
	*TYPE OF ENTITY <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> State Employee <input type="checkbox"/> Other _____
	DATE OF CHANGE
REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE _____ _____ _____	PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER
	PREVIOUS NAME
	PREVIOUS ADDRESS
PURCHASE ORDER NAME/ADDRESS IF DIFFERENT THAN ABOVE _____ _____ _____	COMMENTS

TO BE COMPLETED BY FINANCIAL INSTITUTION	
NAME/ADDRESS OF FINANCIAL INSTITUTION _____ _____	<input type="checkbox"/> I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.
DEPOSITOR ROUTING NUMBER	
DEPOSITOR ACCOUNT NUMBER	
NAME ON ACCOUNT	
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> I (We) hereby cancel my (our) ACH/EFT authorization.
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION	*VENDOR SIGNATURE X
PRINT NAME	*PRINT NAME
TITLE	*TITLE
TELEPHONE NUMBER DATE	EMAIL ADDRESS
	*TELEPHONE *DATE

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) **Exempt from Backup Withholding**

Under penalties of perjury, I certify that:

I. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**

II. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**

III. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item II above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item II does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE _____

VENDOR INPUT FORM INSTRUCTIONS

The purpose of this form is to add a vendor record or to make changes to a vendor record. A vendor is a person or business being paid by the State of Missouri.

THESE FIELDS ARE REQUIRED TO BE COMPLETED FOR ALL CIRCUMSTANCES. (SHADED FIELDS)

Enter NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN.

Enter the FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER that is used for income taxes for the name entered.

Check the correct TYPE OF ENTITY.

Signature is required at VENDOR SIGNATURE along with PRINT NAME, TITLE, TELEPHONE, and DATE.

CONDITIONAL FIELDS

If payments are to be sent to a different address, enter a REMIT TO NAME/ADDRESS.

If purchase orders are to be sent to a different address, enter a PURCHASE ORDER NAME/ADDRESS.

If you are making a change to your vendor record, fill out these additional fields:

DATE OF CHANGE is the effective date of the change in business structure/activity

PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

PREVIOUS NAME

PREVIOUS ADDRESS

COMMENTS are for additional information that may be helpful including reason for the change.

TO SET UP OR TO CHANGE DIRECT DEPOSIT INFORMATION, FILL IN THE FOLLOWING, INCLUDING THE REQUIRED FIELDS FROM ABOVE.

NAME/ADDRESS OF FINANCIAL INSTITUTION where you want the money to be deposited. A representative from the financial institution must complete and sign this section.

Check appropriate box for electronic deposits.

If changing bank account information, fill in DATE OF CHANGE.

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)

This certifies that the Taxpayer Identification Number (TIN) on this form is the correct number and whether backup withholding applies.

Fax to (573) 526-9813 or mail to Office of Administration/Accounting, PO Box 809, Jefferson City, MO 65102.