BARBECUE CONTEST ENTRY FORM

MISSOURI STATE FAIR ENTRIES
2503 W. 16TH ST., SEDALIA, MO 65301
FAX: (660) 827-8169

ENTRY FORM MUST BE RECEIVED BY AUGUST 1, 2022.

Friday, August 12, 2022
LOCATION: **East of Mathewson**

SOCIAL SECURITY NUMBER	FEDERAL ID NUMBER		
TITLE (CHECK ONE) ☐ MR. ☐ MRS. ☐ MISS ☐ MS.	BUSINESS NAME (IF APPLICABLE)		
NAME			
ADDRESS	CITY	STATE	ZIP CODE
COUNTY NAME	TELEPHONE	WORK PHONE	
*EMAIL ADDRESS			
TEAM'S NAME			
HEAD COOK'S NAME			
ASSISTANT COOKS (NO LIMIT) 1			
2			
3			
4			
SIGNATURE OF HEAD COOK			

Please accept these entries subject to the rules and regulations as carried in the 2022 Missouri State Fair on-line 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 entry 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.

To enter a barbeque sauce, please refer to the Home Ec Dept.

		ENTRY FEE TOTAL:	$30.00
Check our website for daily admission specials. www.mostatefair.com/gate-admission			
DISCOUNT ADMISSION (13 & OLDER) – LIMIT 40 TICKETS PER EXHIBITOR			
	QTY	**PRICE**	**TOTAL**
ADULT DAILY ADMISSION		$6.00	
		PROCESSING FEE	$2.00
Make check payable to Missouri State Fair.		**TOTAL AMOUNT ENCLOSED**	

PAYMENT INFORMATION

CREDIT CARD (CHECK ONE) ☐ M/C ☐ VISA ☐ DISCOVER ☐ AM EX	NUMBER	SECURITY CODE	EXPIRATION DATE (MM/YY)
SIGNATURE	PRINT SIGNATURE NAME		ZIP CODE

"IN ACCORDANCE WITH MISSOURI STATE STATUTE, A CONVENIENCE FEE OF UP TO 2% PLUS 50¢ WILL BE ASSESSED TO THE CUSTOMER FOR ALL CREDIT CARD PAYMENTS."

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

Save Print Reset

"STATE FAIR EXHIBITORS ONLY"

*REQUIRED FIELDS

*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN

*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

*TYPE OF ENTITY
☐ Corporation ☐ Sole Proprietor ☐ Individual
☐ State Employee ☐ Other _____

* NEW TO DOING BUSINESS WITH THE STATE OF MISSOURI?
☐ YES ☐ NO

REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE

* IF NO, UPDATING EXISTING INFORMATION?
☐ YES ☐ NO

I HAVE RECEIVED A PAYMENT FROM THE STATE OF MISSOURI WITHIN THE LAST 22 MONTHS?
☐ YES ☐ NO

DATE OF CHANGE

PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

COMMENTS

PREVIOUS NAME

PREVIOUS ADDRESS

HAVE YOU OR AN IMMEDIATE FAMILY MEMBER EVER SERVED IN THE U.S. ARMED FORCES?
☐ YES ☐ NO

IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI?
☐ YES ☐ NO

TO BE COMPLETED BY FINANCIAL INSTITUTION

NAME/ADDRESS OF FINANCIAL INSTITUTION

DEPOSITOR ROUTING NUMBER

DEPOSITOR ACCOUNT NUMBER

NAME ON ACCOUNT

TYPE OF ACCOUNT
☐ CHECKING ☐ SAVINGS

☐ 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 notifica- tion 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 rea- sonable opportunity to act on it.

☐ I (We) hereby cancel my (our) ACH/EFT authorization.

*VENDOR SIGNATURE
X

SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION

*PRINT NAME

PRINT NAME

*TITLE

TITLE

EMAIL ADDRESS

TELEPHONE NUMBER | DATE

*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

FAX COMPLETED FORMS TO (660) 827-8169 or
MAIL TO MISSOURI STATE FAIR ENTRIES, 2503 W. 16TH ST., SEDALIA, MO 65301

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.

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.

If you are new to doing business with the state, please check yes. If you've done business with the State of Missouri before, please check no.

If you checked no on the question above, are you updating existing information in our system? If you checked yes on the question above, please move to the next question.

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

ADDITIONAL INFORMATION

If payments are to be sent to a different address, enter a REMIT TO 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. This must be a wet signature.

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.

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