



**MISSOURI STATE FAIR  
CHAMPIONSHIP ENTRY**

# TRUCK AND TRACTOR PULL

WHEN THERE IS ONLY 1 EXHIBIT IN A CLASS, THE EXHIBITOR WILL RECEIVE HALF OF THE PREMIUM MONEY FOR THE PLACING AWARDED BY THE JUDGE.

AM CLASS NUMBER	CLASS NAME	<b>OFFICE USE ONLY</b> PULL RESULTS
PM CLASS NUMBER	CLASS NAME	

**VEHICLE OWNER INFORMATION**

SOCIAL SECURITY NUMBER	FEDERAL ID NUMBER	TITLE (CHECK ONE) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS.	
OWNER'S NAME		*E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
COUNTY CODE	DAYTIME TELEPHONE		

**VEHICLE DRIVER'S INFORMATION (IF DIFFERENT FROM OWNER)**

TITLE (CHECK ONE) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS.	DRIVER'S NAME		
*E-MAIL ADDRESS			
ADDRESS	CITY	STATE	ZIP CODE
COUNTY CODE	DAYTIME TELEPHONE		

VEHICLE NAME	
MAKE/MODEL	CUBIC INCH
ASSOCIATION NAME	
PARTICIPANT SIGNATURE	ASSOCIATION OFFICER SIGNATURE

Please accept these entries subject to the rules and regulations as carried in the 2010 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 entry form, I agree to abide by the photograph release. \*By providing my e-mail address, I am giving MSF permission to send me information electronically.

ALL PARTICIPANTS MUST ENTER WITH AN ASSOCIATION.

**ENTRY FEE - \$10.00**

NOTE: Separate entry form and \$10 entry fee per class must be in to your association by August 1, 2010. Each vehicle may only enter one class in qualifying round. No entries will be accepted after August 1, 2010.

PROCESSING FEE	\$2.00
TOTAL AMOUNT ENCLOSED	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
**VENDOR INPUT**

PRINT OR TYPE

- New Vendor - Complete sections A and C  
 Vendor Change - Complete sections A, B and C

**SECTION A: VENDOR INFORMATION – TO BE COMPLETED BY THE VENDOR (SEE SECTION A INSTRUCTIONS)**

1. NAME AS SHOWN ON YOUR TAX RETURN	
2. BUSINESS NAME, IF DIFFERENT FROM ABOVE	
3. BUSINESS ADDRESS (NUMBER, STREET AND APT. OR SUITE NUMBER)	4. P.O. BOX NUMBER
5. CITY, STATE AND ZIP CODE	6. TELEPHONE NUMBER
7. PAYMENT ADDRESS, IF DIFFERENT FROM ABOVE	

**TAX IDENTIFICATION NUMBER (TIN) AND TAX FILING STATUS, AS SHOWN ON YOUR TAX RETURN**

Enter your TIN in the appropriate box. The TIN provided must match IRS records for the name given on Line 1 above. For Individuals and Sole Proprietors not using a Federal Employer Identification Number (FEIN), this is your Social Security Number (SSN). For other businesses, this is your FEIN.

8. SOCIAL SECURITY NUMBER ____ - ____ - _____	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietor or single-owner LLC	<input type="checkbox"/> Missouri State Employee
9. FEDERAL EMPLOYER IDENTIFICATION NUMBER ____ - _____	<input type="checkbox"/> Sole Proprietorship or single-owner LLC	<input type="checkbox"/> Trust or Estate	<input type="checkbox"/> Corporation or LLC electing Corporate status
<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership or multi-member LLC	<input type="checkbox"/> State or Local Government	
<input type="checkbox"/> Public entity (such as public school, college or university)	<input type="checkbox"/> Association, Club, Religious, Charitable, Educational or other tax-exempt organization (include IRS Federal tax exemption)	<input type="checkbox"/> Federal Government/Military	

**SECTION B: PREVIOUS VENDOR INFORMATION (SEE SECTION B INSTRUCTIONS)**

10. REASON FOR CHANGE (OWNERSHIP CHANGE, BUSINESS RESTRUCTURE, BUSINESS RELOCATION, ETC.)	11. DATE OF CHANGE
12. PREVIOUS BUSINESS NAME	
13. PREVIOUS BUSINESS ADDRESS	
14. PREVIOUS PAYMENT ADDRESS, IF DIFFERENT FROM BUSINESS ADDRESS	
15. PREVIOUS TAX ID NUMBER	
COMMENTS	

**SECTION C: CONTACT INFORMATION – LIST THE NAME OF SOMEONE AT YOUR BUSINESS WHO CAN ANSWER OUR QUESTIONS**

PRINTED NAME	TITLE
E-MAIL ADDRESS	TELEPHONE NUMBER

**CERTIFICATION FOR STATE OF MISSOURI – I certify that the above information is accurate and complete, according to the Vendor Input form instructions.**

SIGNATURE	DATE
PRINTED NAME	TITLE

**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 2 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 2 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	DATE
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## VENDOR INPUT FORM INSTRUCTIONS

Fax completed form to: Office of Administration, Division of Accounting at (573) 526-9813.

### SECTION A: TO BE COMPLETED BY VENDOR (ALL FIELDS REQUIRED UNLESS OTHERWISE STATED)

**Lines 1 and 2:** If you are an individual, enter the name shown on your income tax return. If you have changed your name without letting the Social Security Administration know, then you should enter both the name that appears on your Social Security Card **and** your new name.

Sole Proprietors - Enter your name, as listed on your income tax return, on Line 1. Enter your business, trade or “doing business as (DBA)” name on Line 2.

Limited Liability Company (LLC) - If you are a single-member LLC that is separate from its owner, enter the owner’s name on Line 1. Enter the LLC’s name on Line 2.

Other business types - Enter the name of your business on Line 1. This must be the name shown on the “Name” line of your federal tax return and the legal documents you filed when your business was created. If you do business under another name, that name should be listed on Line 2.

**Lines 3, 4 and 5:** Enter the address where we can send an IRS Form 1099, showing the dollar amount the State of Missouri paid to you, should one be required. This is usually the main mailing address for your business.

**Line 6:** Enter your business telephone number.

**Line 7:** If payments we make to you should be sent to a different address than your IRS Form 1099, enter this address on Line 7.

**Lines 8 and 9: Tax Identification Number (TIN) and Tax Filing Status – Check with your tax preparer or accounting department if you are unsure how to complete this section.**

If you are an individual person, a State of Missouri employee or you are the sole proprietor of a business that is not required to have an Employer Identification Number (EIN), enter your Social Security Number (SSN) on Line 8. Check the box that describes your situation.

If you file your taxes using a Federal Employer Identification Number (FEIN/EIN), enter this number on Line 9. Check the box that explains how your business files taxes with the IRS.

### SECTION B: THIS SECTION IS FOR CHANGES THAT HAVE HAPPENED TO YOUR NAME, ADDRESS INFORMATION, TAX ID NUMBER OR TAX FILING STATUS.

New information should be entered in **SECTION A** and old information should be listed in **SECTION B**. Include the date that the change legally took effect and the reason for the change.

### SECTION C: CONTACT INFORMATION

Give a contact name and telephone number.

**Certification for State of Missouri** – This section **must** be signed by the vendor.

**Certification for Internal Revenue Service (IRS)** – Sign this section if:

- I. The Tax ID number you entered on the form is correct
- II. You or your business is not subject to backup withholding
- III. You are a US citizen or US resident alien.

**If you have questions while completing this form, please call (573) 751-2971 for assistance.**