

4-H Group Tax Exemption Authorization

PLEASE PRINT CLEARLY

Name of 4-H Club or Organization: _____

County _____

Contact Person: _____

Taxpayer Identification Number: _____

(Also know as TIN or Employee Identification Number - EIN)

Address: _____

By the signature below of its duly authorized Organizational Advisor, the above 4-H club or 4-H affiliate hereby authorizes The Ohio State University Extension Office to include it in The Ohio State University application for group exemption to be filed with the Internal Revenue Service.

Under penalties of perjury, I certify that the number shown above is the correct taxpayer identification number and that the club or organization named above was organized in the United States.

(Signature)

(Print name)

(Title)

Date

Return your completed form to:
OSU Extension Pickaway Coutny
PO Box 9
110 Island Rd, Suite B
Circleville, OH 43113

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