

Ohio 4-H Club/Affiliate Yearly Financial Summary

Due January 31

Program Year _____ Club/Affiliate Name _____

Bank Name _____ EIN _____ Account Number _____

Bank Address _____

Bank City/ST/Zip _____

Type of Account (select one): ___ Checking ___ Savings ___ Other (please list) - _____

Who is authorized to sign your checks? (must have at least one name, preferably two names)

Beginning Account Balance as of Jan. 1 (should match bank statement) _____

Club/Affiliate Income (please list)

Description (fundraiser, dues, etc.)	Amount		Description (fundraiser, dues, etc.)	Amount
Total Income				

Club/Affiliate Expenses

Description (books, program fees, etc.)	Amount		Description (books, program fees, etc.)	Amount
Total Expenses				

Ending Account Balance as of Dec. 31 (should match bank statement) _____

Name of person completing form _____

Ohio State University Extension

4-H Group Tax Exemption Authorization

PLEASE PRINT CLEARLY

Name of 4-H Club or Organization: _____

County: _____

Contact Person: _____

Club EIN: _____

Address: _____
Mailing Address Town Zip

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:
Wayne County Extension Office
428 W Liberty St.
Wooster, Ohio 44691