## OHIO STATE UNIVERSITY EXTENSION

## **Ohio 4-H Club/Affiliate Yearly Financial Summary**

Due January 31

Program Year Clu	ıb/Affiliate Name		
Bank Name	EIN	Account Number	
Bank Address			
Bank City/ST/Zip			
Type of Account (select one):	Checking	Other (please list)	
Who is authorized to sign your che	cks? (must have a	t least one name, preferrably two name	es)
Beginning Account Balance as of Ja		ch bank statement) come (please list)	
		-	
<b>Description</b> (fundraiser, dues, etc.)	Amount	<b>Description</b> (fundraiser, dues, etc.)	Amount
		Total Income	
	Club/Affilia	te Expenses	
<b>Description</b> (books, program fees, etc.)	Amount	<b>Description</b> (books, program fees, etc.)	Amount
		Total Expenses	
Ending Account Balance as of Dec.	<b>31</b> (should match	n bank statement)	
Name of person completing form			

## 4-H Group Tax Exemption Authorization

PLEASE PRINT CLEARLY	
Name of 4-H Club or	Organization:
County	
Contact Person:	
Taxpayer Identification (Also known as TIN or Em	on Number:
Address:	
or 4-H affiliate hereb it in The Ohio State U Internal Revenue Ser Under penalties of pe	ow of its duly authorized Organizational Advisor, the above 4-H cluby authorizes The Ohio State University Extension Office to include University application for group exemption to be filed with the vice.  Erjury, I certify that the number shown above is the correct taxpayer and that the club or organization named above was organized in the
	(Signature)
	(Print name)
	(Title)
	Date
	ed form to: ion Stark County le Drive SE - Ste 100

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Massillon OH 44646