





Exhibitor Name \_\_\_\_\_  
**2018 JUNIOR DAIRY CATTLE REGISTRATION FORM**

NOTE: Do NOT enter any champion or reserve champion classes

**SHOWMANSHIP Division 10**  
Class \_\_\_\_\_

**IMPORTANT REMINDERS!**

1) All Junior Dairy exhibitors may enter and show up to three animals, if, at minimum, one animal is a cow in production. (Examples: all 3 animals are cows in production, 2 cows in production and 1 heifer for a total of 3 animals or 1 cow in production and 2 heifers for a total of 3 animals). Exhibitors only showing heifers are limited to entering and showing 2 animals. Exhibitors may NOT enter more animals than the total allowed to show. **For every animal entered a potential substitute can be identified (within department) at the time of entry. All potential substitutes must be declared at the time of entry (June 6<sup>th</sup>).**

An exhibitor enters 1 animal...the exhibitor is able to identify 1 additional animal as a potential substitute.  
An exhibitor enters 2 animals...the exhibitor is able to identify 2 additional animals as potential substitutes.

2) **Animal Registration**

**Owned:** animals registered in the name of the Junior exhibitor only

**Co-Owned:** animals registered in the name of the Junior exhibitor and another person(s) or farm

**Non-Owned:** animals registered in the name of anyone other than the Junior exhibitor

**Bred and Owned:** The junior exhibitor's name must be currently listed on the registration certificate/paper as an owner or co-owner of the specific entry. The same exhibitor's name must also be listed as the original breeder or co-breeder on the registration certificate/paper.

3) **A copy of the official breed registration paper must accompany entry forms. Entries submitted without a copy of the breed registration paper will be returned.**

**OFFICIAL ANIMAL ENTRY**

Breed \_\_\_\_\_ Class Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Ear Tag# \_\_\_\_\_

Name of Animal \_\_\_\_\_ Registration # \_\_\_\_\_

Name of Sire \_\_\_\_\_

Bred and Owned: Yes or No \_\_\_\_\_ Owned: Yes or No \_\_\_\_\_ Co-Owned: Yes or No \_\_\_\_\_ Non-Owned: Yes or No \_\_\_\_\_

**OFFICIAL ANIMAL ENTRY**

Breed \_\_\_\_\_ Class Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Ear Tag# \_\_\_\_\_

Name of Animal \_\_\_\_\_ Registration # \_\_\_\_\_

Name of Sire \_\_\_\_\_

Bred and Owned: Yes or No \_\_\_\_\_ Owned: Yes or No \_\_\_\_\_ Co-Owned: Yes or No \_\_\_\_\_ Non-Owned: Yes or No \_\_\_\_\_

**OFFICIAL ANIMAL ENTRY**

Breed \_\_\_\_\_ Class Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Ear Tag# \_\_\_\_\_

Name of Animal \_\_\_\_\_ Registration # \_\_\_\_\_

Name of Sire \_\_\_\_\_

Bred and Owned: Yes or No \_\_\_\_\_ Owned: Yes or No \_\_\_\_\_ Co-Owned: Yes or No \_\_\_\_\_ Non-Owned: Yes or No \_\_\_\_\_

**POTENTIAL SUBSTITUTE ANIMAL #1**

Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Ear Tag# \_\_\_\_\_

Name of Animal \_\_\_\_\_ Registration # \_\_\_\_\_

**POTENTIAL SUBSTITUTE ANIMAL #2 (Only allowed if two official animal entries are made)**

Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Ear Tag# \_\_\_\_\_

Name of Animal \_\_\_\_\_ Registration # \_\_\_\_\_

**POTENTIAL SUBSTITUTE ANIMAL #3 (Only allowed if three official animal entries are made)**

Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Ear Tag# \_\_\_\_\_

Name of Animal \_\_\_\_\_ Registration # \_\_\_\_\_



# 2018 JUNIOR DAIRY W-9 FORM



Form **W-(9)**  
(rev. November 2017)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Wisconsin State Fair is required to file an information return with the IRS and must have your correct tax ID number to report payments paid to you. Person/information listed on W-9 **MUST** match person/information on entry form. This information will be used for tax reporting purposes.  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the requester. DO NOT send to the IRS.**

**1** Name (as shown on your income tax return; MUST match name listed on entry form). Name is required on this line; do not leave this line blank.

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification: check only one of the following seven boxes:  
 Individual/Sole Proprietor  C Corporation  S Corporation  Partnership  Trust/estate  
Single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting  
Code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no. of exhibitor on entry form)

Requester's name and address (optional)

**6** City, state and ZIP code of exhibitor on entry form

**7** List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor or disregarded entity, see the instructions for Part I instructions on page 4 on [www.irs.gov/FormW9](http://www.irs.gov/FormW9). For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 4 on [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* and the chart on page 4 for guidelines on whose number to enter.

### Social security number

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(S.S.# **must** be of the above-named exhibitor - NOT a parent/family member) **OR**

### Employer identification number

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### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 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 the instructions for Part II, on page 4 on [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Sign Here** **Signature (exhibitor) on entry form whose TIN appears above of U.S. person ▶**

**Date ▶**

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, page 2, for further information.

**\*Additional instructions for completing this form may be found at the official Internal Revenue website at: <http://www.irs.gov/FormW9>**

**REQUIRED: Each Exhibitor must complete an IRS W-9 form and return it with entry. Entries will NOT be processed without a completed W-9.**

# WISCONSIN STATE FAIR

Presented By  US Cellular

## 2018 Tommy G. Thompson Youth Center Junior Exhibitor Health Certificate

All Junior Exhibitors staying in the Youth Center must have a current Health Certificate (both pages) on file no later than July 13<sup>th</sup>. Health Certificates can be mailed with entries, uploaded with online entries or faxed to 414.266.7057 (Attn: Agriculture Department). All health certificates must be on file before the participant is allowed to check-in.

(Please Print NEATLY)

### PARTICIPANT INFORMATION (Junior Exhibitor)

_____	_____	_____	
Last Name, First Name	County	Activity (i.e. Jr Dairy, Clothing, etc.)	
_____	_____	_____	_____
Address	City	Zip	List: Female Male
_____	_____	_____	_____
Primary Phone Number (Include Area Code)	Secondary Phone Number (Include Area Code)	Date of Birth	Age

### PARENT/GUARDIAN OF JUNIOR EXHIBITOR

_____	_____	_____
Last Name, First Name	Primary Phone Number (Include Area Code)	Secondary Phone Number (Include Area Code)
_____	_____	_____
Address (if different from above)	City	Zip
In case of emergency and parent/guardian cannot be reached, please contact:		
_____	_____	_____
Emergency Contact	Primary Phone Number (Include Area Code)	Secondary Phone Number (Include Area Code)

### HEALTH CARE INFORMATION

_____	_____
Name of Insurance Company	Policy Number
_____	_____
Primary Care Physician	Phone Number
_____	_____
Dentist	Phone Number

### ADDITIONAL INFORMATION

For the protection of the health and welfare of all who stay in the Wisconsin State Fair Tommy G. Thompson Youth Center, it is necessary to obtain the information requested below. This information will only be accessed in the event of an emergency. If you are under the care of a family physician, his or her advice regarding your health protection should be stated and included.

- Date of most recent Tetanus Shot (must be within last ten years): \_\_\_\_\_ (Month and Year)
- Allergies: Please circle any allergies    Insect                      Medication                      Food                      Other: \_\_\_\_\_  
Please list allergen and potential reaction: \_\_\_\_\_
- Is an EpiPen<sup>®</sup> required and carried?     YES                       NO  
Does this participant require an accommodation or have any limitations or restrictions (including diet)?     YES                       NO  
Please describe: \_\_\_\_\_
- Is an inhaler required and carried?     YES                       NO
- Please list any additional health concerns: \_\_\_\_\_

