

KHSAA Event Ticket Reconciliation Report

Event Title (session)

2006 Semi State Baseball Tournament

(A) Color Gray	Price \$6.00	Semi-St. 1
Sťart	End	Sold
9006001	9006264	263
9008001	9006264	360
Samples		(q)
Total Sold		619
Price Per Ticket		6.00
Projected Total		6.0

Projected Total		3714.00
(C) Color	Price	
Pink	\$6.00	Semi-St. 3
Start	End	Sold
1208001	1209278	1277
1822001	1822001	
	1	
Total Sold		1277
Price Per Ticket		1277
Projected Total		7662.00

(B) Color Tan	Price \$6.00	Semi-St. 2
. Start	End	Sold
0390001	0390395	394
0392001	0390395	
Samples		(<i>Q</i>)
·		
Total Sold		392
Price Per Ticket		6. ° 2352. ° 2
Projected Total		2352. =

(D) Color Yellow	Price \$6.00	Semi-St. 4
Start	End	Sold
3336001	3336078	77
3342001	3 336078 3342594	593
Samples		(2)
Total Sold		668
Price Per Ticket		6.00
Projected Total		6. or 4008. or

	(A)	(B)	(C)	(D)	Total
Total Sold	619	392	1277	668	2956
Total Ticket Projected	3714.9	235 a. 🕮	7662.00	4008.00	17736.00
Cash Deposit					
Cash Over (Short)	oba substitution			电影影响影响	

lanager Signature	Date	



KHSAA Event Ticket Reconciliation Report

Event Title (session)

2006 Semi State Baseball Tournament

(A) Color Blue	Price \$6.00	Semi-St. 5
Sťart	End	Sold
0226001	0226445	444
0228001	0226445	146
Samples		(3)
	1	
Total Sold		587
Price Per Ticket		6.00
Projected Total		3522. 0
(C) C-lar	Thrica	· 1

(B) Color	Price	Complete Charles
Cream	\$6.00	Semi-St. 6
Start	End	Sold
2230001	2230428	427
2232001	2230428 2232001	
Samples		(5)
1		
Total Sold	1	422
Price Per Ticket		422 6. °° 2532. <u>«</u>
Projected Total		2532. 4

(C) Color Purple	Price \$6.00	Semi-St. 7
Start	End	Sold
6086001	1086218	217
6104001	6104027	26
NON Ticket SAL	l , i	189
	:	
Total Sold		432
Price Per Ticket		432
Projected Total		2592.00

(D) Color Orange	Price \$6.00	Semi-St. 8
Start	End	Sold
0110001	0110488	487
0120001	0110488	601
Samples		(10)
Total Sold	-	1078
Price Per Ticket		6. 00
Projected Total		6.00

Reconciliation					
	(A)	(B)	(C)	(D)	Total
Total Sold	587	422	432	1078	2519
Total Ticket Projected	3522.52	2532. 00	2592.00	6468.00	15 114.00
Cash Deposit		real contraction of the			
Cash Over (Short)					

Manager Signature	Date	
Manager Digitatere		



KHSAA Semi-State Baseball Tournament Financial **Report**(return one copy and unsold tickets to KHSAA within one week of tournament.)

SemiState #

Hold at Hopkinsville High School

Dates 🤳

Part A Ti	cket Sales Reconcillation				
1 0/171	Color of Tickets -	Gray			
Start Tie	cket Number (500 per roll)	End Ticket Number		Sold	
	9008002	9008360		358	7
	006002	9006263		261	
		7.00			
			Total Sold	610	1
Total Ticl	ket Revenue (A-1)	X selling price - \$6.00 = Total	Ticket Sales	\$ 37	14.00
Part B	OTHER REVENUE ITEMS			Total Receipts	Total
(1)	Ticket Sales (from A-1 abov	e)		3714.00	
(2)	Broadcasting			50.00	
(3)	Sponsorship			NA	
(4)	TOTAL REVENUE (4)				<u> 3764 </u>
Part C	ALLOWABLE EXPENSE IT SUBMISSION TO KHSAA	EMS PAID BY HOST PRIOR TO		Expenses	
(1)	not on school owned prop	nented by contract and receipt and erty)		NA	
(2)	per day of tournament)	ed by participants, not to exceed \$75		150 00	
(3)	Field Preparation Labor (no	t to exceed \$75 per day)		150 5	
(4)	Field Preparation Supplies	polococc polococc		150 ts	
(5)	game)	Operators (not to exceed \$30 per		(40 ³²	
(6)		(not to exceed \$30 per game)		60 =	
(7)		to exceed \$25 per day per worker)		500	
(8)	Security (itemize per persor	200000		NA	
(9)		emize per person cost on reverse)		NA	
(10)	Other (itemize on back, prior KHSAA approval required)			.	
(11)		or KHSAA approval required)			
(12)		or KHSAA approval required)			
(13)		or KHSAA approval required)			
(14)	TOTAL EXPENSES (14)		THE RESERVE OF THE PARTY OF THE		minister of hotelogy, contratalny, it plans to a
Part D	First Line Net Profit (Part B sent to KHSAA. All other bi	(4) minus Part C (14) total) to be Is to be paid by KHSAA.			

PAID ATTENDANCE BY SESSIONS (Tickets Sold NOT money received)

Session	Paid
1	358
2	2401
3 (if needed)	
Total	1019

Umpire Mileage Driven

(List only actual driven, use round-trip totals) ATTACH ANY LODGING RECEIPTS IF APPROVED

Umpire	Day 1	Day 2	Other
Swadard			
T. Heary			
D. Owens	260	240	
W. Swith	230	230	

SCHOOL ACTIVITY FUND REQUISITION AND REPORT OF TICKET SALES

Event Suces

Event	
Subs	
STA	

TICKET REQUISITION

Date

USUUBULL) (SUUB SUUB) pt of the tickets to be sold for the activity listed above. The beginning ticket number is recorded in Column B. The subury inches wind be recorded in Column D on completion of ticket sales. Receipt of \$ 1000 ─ for change is also acknowledged.

Person in Charge Of Sales

Attach start and end tickets here.

大0二 1

REPORT OF SALES

•	<u>.</u> الم	GATE	2	GATE	-	GATE	Sales	Advan		W.
<u> </u>	Students	Adults	Students	Adults	Students	Adults	Students	Advance Adults		
					2	aray			Ticket Color	A
						9008002			Beginning Ticket No.	w
									Ticket Seller Initials	C
						XX60	, grand state		Next Available Ticket No.	٥
						5	and the state of t		Ticket Seller Initials	m
	- July , w	- Banco	The Sie St	40 7,6 1111	- not return to	TOTAL SECTION	- M. withman die		S We han out	-
	2	7	2	۵,	mr /	1	lman	•	r out	. 6
	1	him know him.		2/2 ////	2000	t at	aux		of ones.	1 1

Person in Charge of Sales

Total

SO 100

18

400

Currencys 3149 ES

Checks

Students

RECEIVED BY

Total Cash

12 S 18

3153

Change Returned

000 5

Cash Over/Short

Total Sales

Internal Account Treasurer

REQUISITION AND REPORT OF TICKET SALES

Activity Fund	school Hopkinsville High School
Date	Event
	Sua state. BSB

TICKET REQUISITION

This is to acknowledge receipt of the tickets to be sold for the activity listed above. The beginning ticket number is recorded in Column B. The ensuing ticket number will be recorded in Column D on completion of ticket sales. Receipt of \$ 1000 — for change is also acknowledged.

Advance GATE GATE GATE Attach start and end tickets here. GATE Sales Students Adults Adults Adults Students Students Students Students Adults Adults Oran Ticket Color Þ 9006002 Beginning Ticket No. 大のニール W **Ticket Seller** Initials C REPORT OF SALES **Next Available** 10000V Ticket No. U **Ticket Seller** Initials П Person in Charge Of Sales No. of Tickets Sold (D - B) 100 Price Each 0 200 (F x G) Total I

	ł
Checks	
Currency	
Coin	
Total	

Total Sales	(1564)
Change Returned	7000
Cash Over/Short	
Total Cash	2566

Person in Charge of Sales

Internal Account Treasurer

RECEIVED BY

HOPKINSVILLE HIGH GAME EXPENSE SHEET

Date_ 6-1-0	6-8-06	1			
Sport/Oppone	nt Sub State	- Base	ball		
Official	Social Sec #	Signature	PO#	C K #	Amount
	•••••				
Ticket Sellers					
Ticket Takers Kyle Deffri	329.82.4439	and district years.			60
Scott Colle Tim Havrile	329.82.4439 4402-13-6799 401-05-835	2			50
Additional W Rick Robert	orkers 5 Manager	fee		· • · · · · · · · · · · · · · · · · · ·	150
	-	Total expens	es		

F-SA-8

SCHOOL ACTIVITY FUND STANDARD INVOICE

· ISMANSALIE MAN SA		Date June 7th	485
ool HOPKINSVILLE HIGH SCH vity Fund		rax I.D. No.	
Vity Fund			
roval)(or Purchase	^	sheet for w	r. Reec
Cot Cley	- Signin	Sheet out "	July 14-15
ncipal			
icipai			
Vendor's Name			
Address	Social Secure		
NAME	Item Description	Unit Cost	Total Cost
Quantity	329-82-9439	Kyle Dettro	2 games_
Kyle / Pothys	402-13-0799	C. Scott Colley	20 2 game
Ho Cally	400-90-5580	MILENTA SED	29 AMES
LENVIS LOWENS	I do to make the state of the		29AMES
Steve / elosago	2414-78-7925	adopt the	29 mes
TONY STENRY	403-90-4995	/	17games
	401-13-0697		2 GAMPS
Tim HAURILEK WINA	44-08-8352	Kicklehosts	12 Gamer
Kiel Charte	(, ,		
		Total	
	Vendor's Certification	the aho	ve named
I hereby certify that the	above is a correct statement of amo	onut ane mon me mo	
school for articles furni	shed or services rendered as itemiz	ea.	
		Vendor	
Approved for Payment			
1 Cot Velen			•
Sponsor		_	
Principal			
	Amount Pa	nid	
Attach Itemized	Date Pa	ald	
Receipt if			
Applicable	Check N	10	

SCHOOL ACTIVITY FUNDS PURCHASE REQUEST

5		SEHOOL ACTIVITY	2(P.O. NUMBE	IR
	# p \$	S	ECTION A		
Vendor	Name UE	> Gerselou	(DOSTEKS		
Address	s				
LINE	QUANTITY	ITEM	DESCRIPTION	COST	`
1.		\$ Innices.		\$	
2.		Freld Va	erron	\$	
3.		A STATE OF THE STA	V	\$	
4.				\$	
5.				\$	
6.				\$	
7.				\$	
8.				\$	
9.				\$	
10.			TOTAL	\$ 150	-
Request Approv	ed by Kyr	p)			
			SECTION B	,	···
Date R					
LINE	QUANTITY	ITEN	1 DESCRIPTION	COST	<u>Γ</u>
				\$	
				\$	
				\$	
	J			\$	-
			TOTAL	\$	
			Original Purchase Amount	\$	
	A a ma a m		Less Items Not Delivered	\$	
	ATTA		Other Adjustments (Explain)	\$	
	INVO	OBS	Net Amount Due	\$	
			Amount Paid Date		
			Check Number		

SCHOOL ACTIVITY FUNDS PURCHASE REQUEST

	HOP	KINSVILLE HIGH SCHOOL	-	
All the state of t	3.73	SCHOOL	P.O.NUMBE	ER
· · · · · · · · · · · · · · · · · · ·	Rus 3	ACTIVITY	9 1/93	SECTION SECTIO
		ACTIVITI	, DAIL	
		SECTION A		
Vendor	: Name 50	Cott Cales		
Addres		/ %		<u> </u>
LINE	QUANTITY	ITEM DESCRIPTION	COST	-
LINE	QUANTITI	TIEW DESCRIPTION		
1.			\$	-
2.		TA	\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
7.			\$	
8.			\$	
9.			\$	
10.			\$	
		TOTAL	\$ (O)	a)
Request	ed by Control by Contr	A Kaleer &		_
rippiov	cu by			
		SECTION B		
Date R	Received			
LINE	QUANTITY	ITEM DESCRIPTION	COST	Γ
-			\$	
			\$	
			\$	
			\$	
		TOTAL	\$	
		Original Purchase Amount	¢	
		Less Items Not Delivered	\$ \$	<u> </u>
	ATTA	Other Adjustments (Explain)	\$	
			\$	-
	INVO	Amount Paid	_ Ψ	
		Date		
		Check Number		

SCHOOL ACTIVITY FUNDS PURCHASE REQUEST

5(HOPE Cui-Sta	KINSVILLE HIGH SCHOOL SCHOOL ACTIVITY	P.Ø. NUMBER	ξ
		ACTIVITI	v µATE	
		SECTION A	 	
Vendor	Name	le Delles		
Addres	4			
LINE	QUANTITY	ITEM DESCRIPTION	COST	
1.			\$	
2.		Score	\$	
3.			\$	
 4.			\$	
5.			\$	
6.			\$	
7.			\$	
8.			\$	
9.			\$	
10.			\$	
	.4	TOTAL	\$ 60	00
Request Approv	ted by they	n della dell		
		SECTION B		
Date F	Received			
LINE	QUANTITY	ITEM DESCRIPTION	COST	
			\$	
			\$	
			\$	
			\$	
		TOTAL	\$	
		Original Purchase Amount		
		Less Items Not Delivered	\$	
	ATTA	Other Adjustments (Explain)	\$	
			\$ -	
	INVO	Amount Paid	Ψ	L
		Date		
		Check Number		

SCHOOL ACTIVITY FUNDS PURCHASE REQUEST

Copy

	HOP.	KINSVILLE HIGH SCHOOL SCHOOL ACTIVITY	P.Ø. NÚMBE ODAVE	ER
		SECTION A		
Vendor	Name (U			
Addres				
		ITEM DESCRIPTION	COST	-
LINE	QUANTITY	TIEM DESCRIPTION	COST	
1.			\$	-
2.		GATE Workers	\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	-
7.			\$	
8.			\$	
9.			\$	
10.			\$	
		TOTAL	\$ 50	ce
Delivere Request Approv		Loley		-
, , , , , , , , , , , , , , , , , , , ,		SECTION B		
Date R	eceived			-
LINE	QUANTITY	ITEM DESCRIPTION	COST	_
			\$	
<u></u>			\$	
			\$	
			\$	
		TOTAL	\$	-
		A CONTRACTOR OF THE CONTRACTOR	J	
		Original Purchase Amount	\$	ļ <u>.</u>
	ATTA	Less Items Not Delivered	\$	-
			\$	
	INVO	ICES Net Amount Due Amount Paid	\$	
		Amount Faid Date		
		Check Number		

SCHOOL ACTIVITY FUND STANDARD INVOICE

Vendor's Name Address Quantity, them Description Quantity, the Description Quantity,	THE PROPERTY OF THE PARTY OF TH	m	Date				
Vendor's Name Address New S Quantity, Item Description Quantity, 40 3 90 - 499 S Total Cost Total Cost Total Cost Total Vendor's Certification I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Approved for Payment Sponsor Principal Attach Itemized Receipt if Amount Paid Date Paid Check No.				Tax I.D. No.			
Vendor's Name Address Quantity, Hem Description Unit Cost Total Cost Joseph JOS 90 99 5 590 Joseph JOS 90 97 2 5 590 Total Vendor's Certification I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Approved for Payment Sponsor Principal Attach Itemized Pecceipt if Amount Paid Date Paid Check No.	ity Fund			•			
Vendor's Name Address NAME Quantity, Item Description Unit Cost Surf Herry 403-90-1995 Surf Aber 400-72-3619 Total Vendor's Certification I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Approved for Payment Sponsor Principal Attach Itemized Receipt if Amount Paid Check No.		•			en e		
Vendor's Name Address Name Address Quantity. Item Description Unit Cost Total Cost AUTHORY 403 90 4995 Flexe Shorts 400 - 72 - 5618 Flexe Shorts 400 - 72 - 5618 I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Approved for Payment Sponsor Principal Attach Itemized Receipt if Amount Paid Check No.	roval for Purchase		•				
Vendor's Name Address Quantity, Item Description Unit Cost Total Cost Way If Law 404 - 14 - 14 - 14 - 14 - 14 - 14 - 14							
Vendor's Name Address Quantity, Item Description Unit Cost Total Cost Way If Law 404 - 14 - 14 - 14 - 14 - 14 - 14 - 14		·					
Vendor's Name Address Quantity, Item Description Unit Cost Total Cost Way If Law 404 - 14 - 14 - 14 - 14 - 14 - 14 - 14	cipal						
Address Ousnity, hem Description Unit Cost Total Cost Ousnity, 403 90-995 Deven 5 405-72-508 Total Total Vendor's Certification I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Approved for Payment Sponsor Principal Attach Itemized Receipt if Amount Paid Check No.							
Address Ousnity, hem Description Unit Cost Total Cost Ousnity, 403 90 9998 Total Total Vendor's Certification I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Approved for Payment Sponsor Principal Attach Itemized Receipt if Check No.	_			<u> </u>			
Quantity, Item Description Unit Cost Total Cost Ny	Vendor's Name			· · · · · · · · · · · · · · · · · · ·	-		
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Total Vendor's Certification Vendor's Certification I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Approved for Payment Sponsor Principal Amount Paid Date Paid Check No.	NAME		annels and the	Unit Cost	Total Cost		
Vendor's Certification	Quantity,	Item Description	00	<u> </u>			
Vendor's Certification I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Vendor Vendor Approved for Payment Sponsor Principal Attach Itemized Receipt if Check No.	TONY HENRY	403-40-49	7				
Vendor's Certification I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Vendor Vendor Approved for Payment Sponsor Principal Attach Itemized Receipt if Check No.	B III Conth	404-78-19	₩				
Vendor's Certification I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Vendor Vendor Approved for Payment Sponsor Principal Attach Itemized Receipt if Check No.	1 1 1 5 M) 15 mg	400-90-53	70				
Vendor's Certification I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Vendor Approved for Payment Sponsor Principal Amount Paid Date Paid Receipt if Check No.	Jen o lando	11 406-72-5	618				
Vendor's Certification I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized. Vendor Approved for Payment Sponsor Principal Amount Paid Date Paid Receipt if Check No.	1/car-wearen	-W1					
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Sponsor Principal Attach Itemized Receipt if Arount Paid Check No.		Vendor's Certificat	lion	due from the sh	ove named		
Sponsor Principal Attach Itemized Receipt if Arount Paid Check No.	I hereby certify that the	above is a correct statem	ent of amount	ane non me as	-		
Approved for Payment Sponsor Principal Attach Itemized Beceipt if Check No.	school for articles furni	ished or services rendere	d as itemized.				
Approved for Payment Sponsor Principal Attach Itemized Date Paid Receipt if Check No.				* :			
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Sponsor Principal Attach Itemized			Ve	ndor			
Sponsor Principal Attach Itemized Amount Paid Date Paid Check No.							
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Principal Attach Itemized Amount Paid Date Paid Check No.		·	· .				
Principal Attach Itemized Amount Paid Date Paid Check No.				A Property of the Control of the Con			
Attach Itemized Amount Paid Date Paid Check No.	Sponsor						
Attach Itemized Amount Paid Date Paid Check No.							
Attach Itemized Date Paid Receipt if Check No.		*					
Receipt if Check No.	Principal	4	_				
Receipt if Check No.			Amount Paid				
	Attach Itemized						

Form W-9 shev. December 1996) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do NOT send to the IRS.

2	Name (If a joint account or you changed your name, see Specific Instructions on page 2.)			
or type	Business name, if different from above. (See Specific Instructions on page 2.)			
Ē	Check appropriate box: Individual/Sole proprietor Corporation Partnership	☐ Other ▶	1	<u> </u>
Please p	Address (number, street, and apt. or suita no.) One of the street of the suita no. One of the street of the suita no. One of the suita no. One of the suita no.	Requester's	name and address (option	ad) esse
	Taxpayer Identification Number (TIN)	List account number(s) here (optional)		
in (S	ter your TIN in the appropriate box. For lividuals, this is your social security number SN). However, if you are a resident alien OR a			
sc Fo id	r other entities, it is your employer entification number (EIN). If you do not have a ember, see How To Get a TIN on page 2.	Part II	For Payees Exempt Withholding (See the on page 2.)	
N Se	the: If the account is in more than one name, ethe chart on page 2 for guidelines on whose imber to enter.	>		
C	art III Certification			
_	nder penalties of perjury, I certify that:	no for a num	nber to be issued to me)	, and

- 1. 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
- 2. 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.

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 on page 2.)

Sign Here

Signature > 9/1/1/2

2 Variation to

Date 1/2/06

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 to give your correct TiN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are an exempt payee.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding

include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester, or
- 2. The IRS tells the requester that you furnished an incorrect TIN, or
- 3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or

5. You do not certify your TIN when required. See the Part III instructions on page 2 for details.

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate Instructions for the Requester of Form W-9.

Penalties

Failure To Furnish TIN.—If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civit Penalty for False Information With Respect to Withholding.—If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal Penalty for Falsifying Information.— Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs.—If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Form W-9 sper. December 1996) Department of the Treasury

Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do NOT send to the IRS.

Business name, if different from above. See Specific Instructions on page 2) Check appropriate box: Individual/Sole proprietor Corporation Partnership Other Address (optional) Check appropriate box: Individual/Sole proprietor Corporation Partnership Other Address (optional) Requester's name and address (optional) Reque	Name (if a joint account or you changed your name, see specime instructions on page 2.)	
Check appropriate box: Individual/Sole proprietor Corporation Pertnership Other Address (number, street, and apt. or suite no.) Cky, state; and ZIP code Cky, state; and ZiP	10MY STENRY	
Check appropriate box: Individual/Sole proprietor Corporation Partnership Other Address (number, street, and apt. or suite no.) Address (number, street, and apt. or suite no.) Requester's name and address (optional) List account number(s) here (optional) Part II For Payees Exempt From Backup Withholding (See the instructions on page 2. 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 2. Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter. Part III Certification Under penalties of perjury, I certify that: 1. 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 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. 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 arrangement (IRS) and openerally Daymerits other than interest signd dividends, you are not required to sign the Certification, but you must		
Address (number, street, and apt. or suite no.) City, state; and ZIP code	1303 NOODHWEST.	Fig. 2. State of the state of t
Address (number, street, and apt. or suite no.) City, state; and ZIP code	Check appropriate box: Individual/Sole proprietor Corporation Partnership	
Part II Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN), However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. 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 2. Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter. Part III Certification Under penalties of perjury, I certify that: 1. 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 2. 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. 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 withholding therest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement grandement (IRA), and cenerally bayweighs other than interest and dividends you are not required to sign the Certification, but you must	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
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provide your correct TIN. (See the instructions on page 2)	arrangement (IRA), and generally, payments other than interest and observes you are the	quired to sign the Certification, but you must
	provide your correct TIN. (See the instructions on page 2.)	
Sign Date > 6/7/2006	Sign	6/7/700/0

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Signature ▶

Here

Use Form W-9 to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are an exempt payee.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding

include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester, or
- 2. The IRS tells the requester that you furnished an incorrect TIN, or
- 3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or

 You do not certify your TIN when -required. See the Part III instructions on page 2 for details.

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate instructions for the Requester of Form w.s.

Penalties

Failure To Furnish TIN.—If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil Penalty for Faise Information With Respect to Withholding.—If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal Penalty for Falsifying Information.— Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs.—If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Form W-9 ther. December 1996) Department of the Treasury

Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do NOT send to the IRS.

	Name (If a joint account or you changed your name, see Specific Instructions on page 2.)					
Š	DENNIS L CWENS					
9	Business name, if different from above. (See Specific Instructions on page 2.)					
E	Check appropriate box: Individual/Sole proprietor Corporation Partnership	☐ Other ▶	1			
•	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)				
Ï	2823 MT, PLEASONT Rd	٠.				
•	City, state, and ZIP code					
	6LASCOW KV 42141					
2	Taxpayer Identification Number (TIN)	List accour	nt number(s) here (optional)			
	ter your TIN in the appropriate box. For	1				
ind	lividuals, this is your social security number Social security number					
(S	SN). However, if you are a resident alien OR a Hoto 1904515190					
SO Fo	a select actition it is your amployer	Part II	For Payees Exempt From Backup			
ide	entification number (EIN). If you do not have a		Withholding (See the instructions			
	mber, see How To Get a TIN on page 2. Employer identification number		on page 2.)			
N	ote: If the account is in more than one name, e the chart on page 2 for guidelines on whose					
DL	imber to enter	▶ .				
E	art III Certification					
	nder penalties of perjury, I certify that:					
1.	The number shown on this form is my correct taxpayer identification number (or I am waiting	ng for a num	iber to be issued to me), and			
2	I am not subject to backup withholding because: (a) I am exempt from backup withholding	, or (b) I hav	e not been notified by the Internal			
	 Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to re 	port all intere	est or dividends, or (c) the IRS has			
٠.	notified me that I am no longer subject to backup withholding.					
C	ertification Instructions.—You must cross out item 2 above if you have been notified by the	IRS that you	u are currently subject to backup			
W	thholding because you have failed to report all interest and dividends on your tax return. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of de-	ebt. contribu	tions to an individual retirement			
ar	rangement (IRA), and generally, payments other than interest and dividends, you are not requ	ired to sign	the Certification, but you must			

Sign Here

Signature >

Purpose of Form.—A person who is

required to file an information return with

example, income paid to you, real estate

transactions, mortgage interest you paid,

acquisition or abandonment of secured

the IRS must get your correct taxpayer identification number (TIN) to report, for

provide your correct TIN. (See the instructions on page 2.)

include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester, or
- 2. The IRS tells the requester that you furnished an incorrect TIN, or
- 3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or

You do not certify your TIN when required. See the Part III instructions on page 2 for details.

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate Instructions for the Requester of Form W-9.

Penalties

Date > 6

Failure To Furnish TIN.—If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

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Criminal Penalty for Falsifying Information.— Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs.—If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are an exempt payee.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding

Form W-9 See December 1996) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do NOT send to the IRS.

Business name, if different from above. (See Specific Instructions on page 2.)					
5					
Check appropriate box: Individual/Sole proprietor Corporation Partnership	Other >				
Address (number, street, and apt. or spite no.) Z4ZL Bundannin Lbe	Requester's name and address (optional)				
City, state, and ZIP code DWCAGADED Ky 42301					
Part I Taxpayer Identification Number (TIN)	List account number(s) here (optional)				
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2.					
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 2.	For Payees Exempt From Backup Withholding (See the instructions on page 2.)				
Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.					
Part III Certification					
Under penalties of perjury, I certify that:					
1. The number shown on this form is my correct taxpayer identification number (or I am waitin					
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding. Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to repnotified me that I am no longer subject to backup withholding.	ort all interest or dividends, or (c) the IRS has				
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Sign (Leve filmo fand	1.00-06				

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Signature >

Here

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- 3. Claim exemption from backup withholding if you are an exempt payee.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding

include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester, or
- 2. The IRS tells the requester that you furnished an incorrect TIN, or
- 3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or

5. You do not certify your TIN when required. See the Part III instructions on page 2 for details.

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate instructions for the Requester of Form W-9.

Penalties

Failure To Furnish TIN.—If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil Penalty for False Information With Respect to Withholding.—If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal Penalty for Falsifying Information.— Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs.—If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.