
Mountain State Fair
NC State Sub W-9

Procedure: Filling out a NC State Sub W-9

Date: 5/9/2024

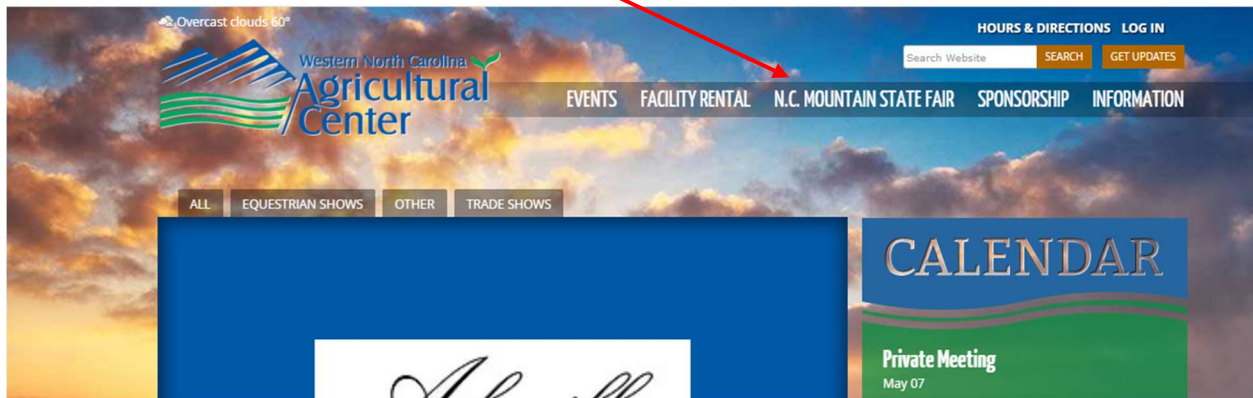
Revision:

Date:

This procedure is to be used to fill out the NC State Sub W-9 for registration.

Note: Using your phone for registration can create issues. For best results use a desktop computer.

Online select the North Carolina Mountain State Fair from the WNC Ag Center Menu

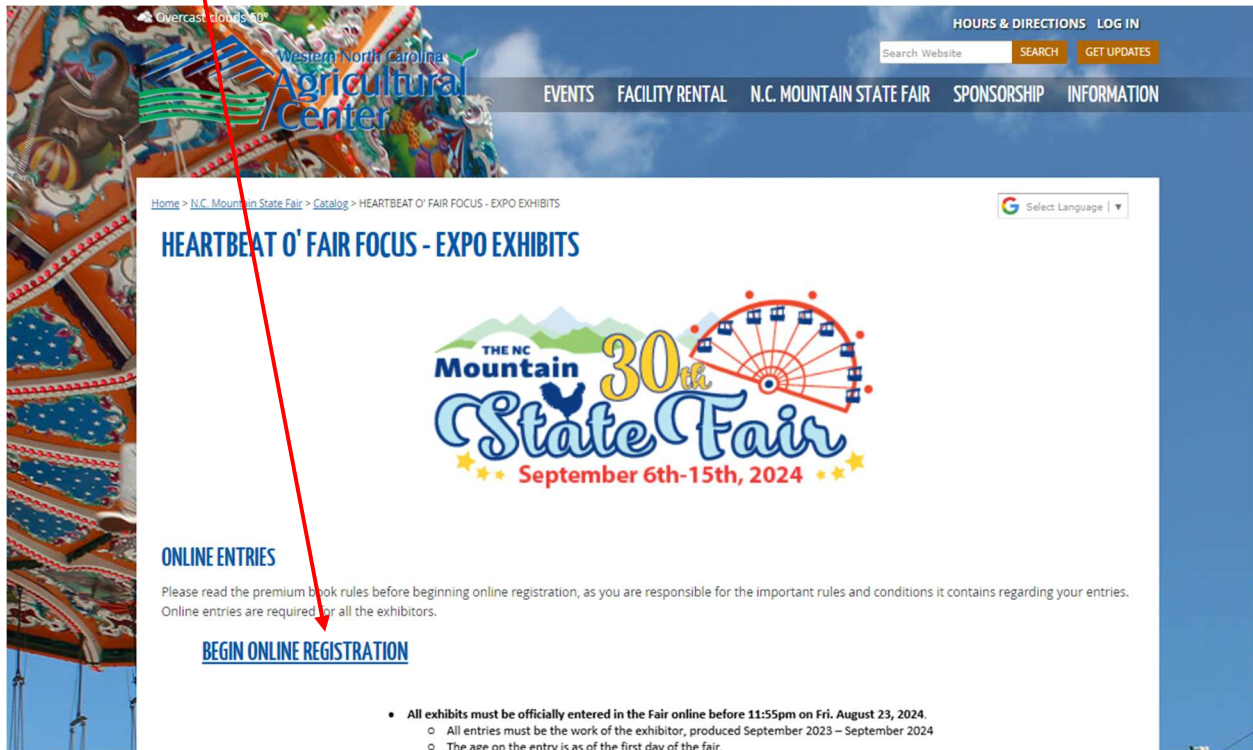


From the pull down, Select Catalog then Heartbeat of Fair Focus – Expo Exhibits



Read all Rules and Regulations before starting the registration procedures before starting the registration process.

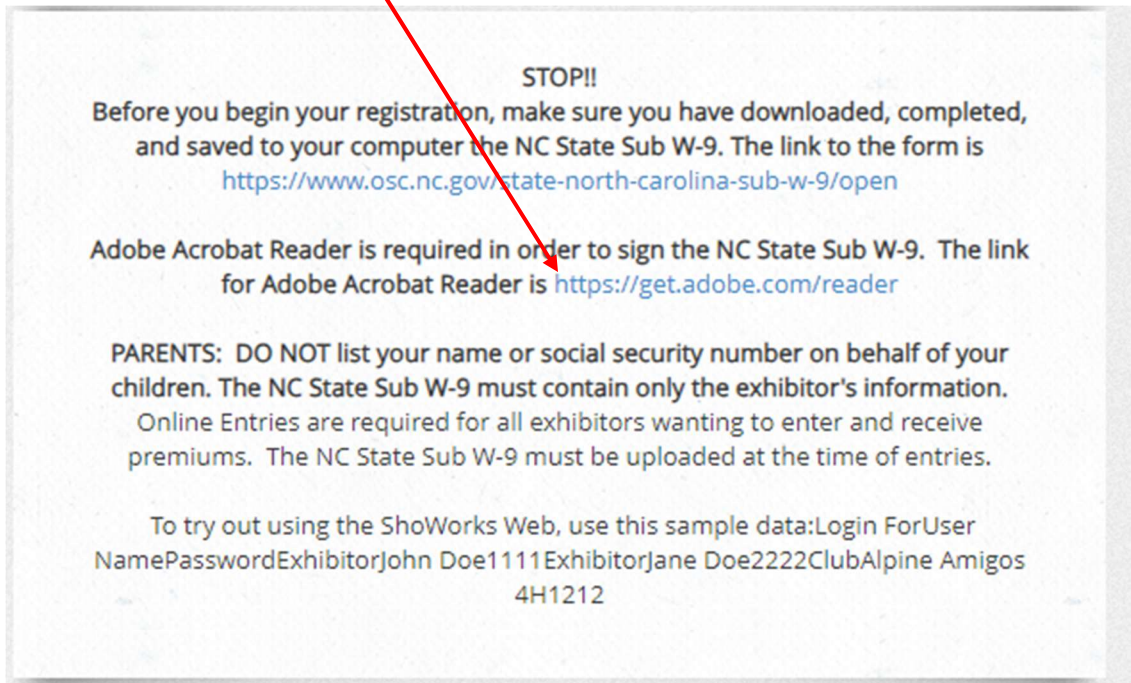
Select “Begin Online Registration”



The screenshot shows the website for the Western North Carolina Agricultural Center. The page is titled "HEARTBEAT O' FAIR FOCUS - EXPO EXHIBITS". The main heading is "THE NC Mountain 30th State Fair" with the dates "September 6th-15th, 2024". Below the heading, there is a section for "ONLINE ENTRIES" with a sub-heading "BEGIN ONLINE REGISTRATION" that is underlined and highlighted by a red arrow. The text under "ONLINE ENTRIES" reads: "Please read the premium book rules before beginning online registration, as you are responsible for the important rules and conditions it contains regarding your entries. Online entries are required for all the exhibitors." At the bottom, there is a list of rules:

- All exhibits must be officially entered in the Fair online before 11:55pm on Fri. August 23, 2024.
 - All entries must be the work of the exhibitor, produced September 2023 – September 2024
 - The age on the entry is as of the first day of the fair.

STOP make sure the Adobe Acrobat Reader is installed on the computer. This program is **FREE** and can be obtained at <https://get.adobe.com/reader>



STOP!!

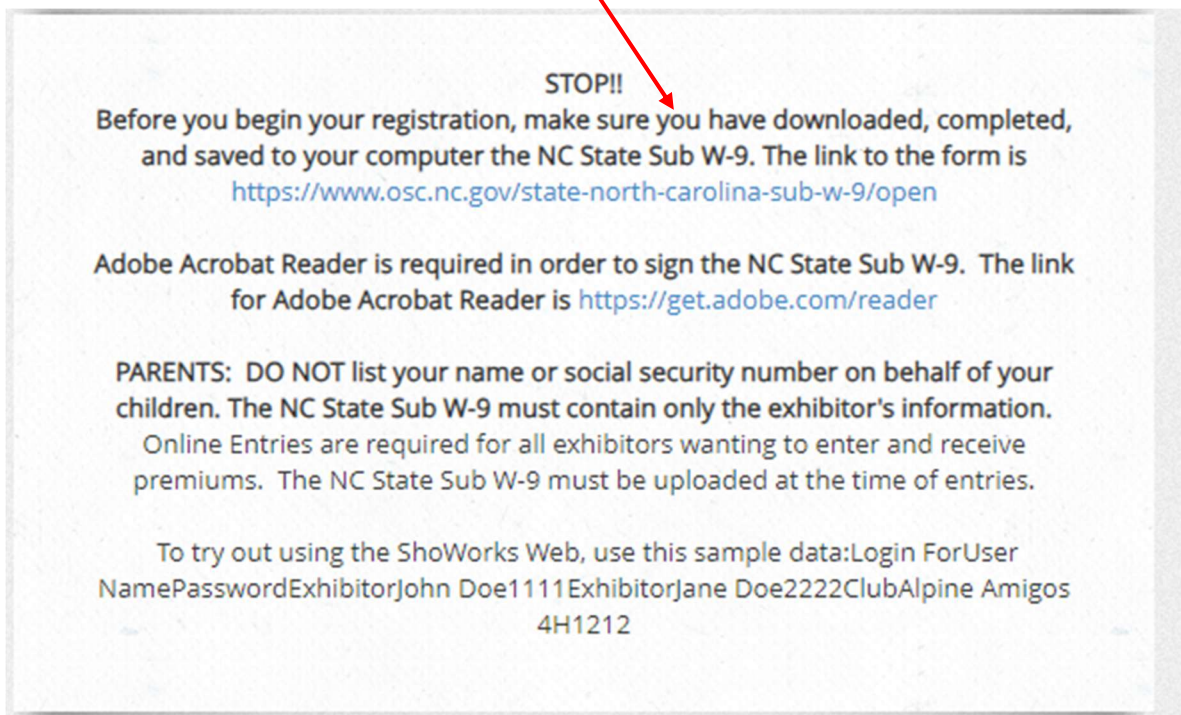
Before you begin your registration, make sure you have downloaded, completed, and saved to your computer the NC State Sub W-9. The link to the form is <https://www.osc.nc.gov/state-north-carolina-sub-w-9/open>

Adobe Acrobat Reader is required in order to sign the NC State Sub W-9. The link for Adobe Acrobat Reader is <https://get.adobe.com/reader>

PARENTS: DO NOT list your name or social security number on behalf of your children. The NC State Sub W-9 must contain only the exhibitor's information.
Online Entries are required for all exhibitors wanting to enter and receive premiums. The NC State Sub W-9 must be uploaded at the time of entries.

To try out using the ShoWorks Web, use this sample data:Login ForUser
NamePasswordExhibitorJohn Doe1111ExhibitorJane Doe2222ClubAlpine Amigos
4H1212

NEXT download, complete and save the NC State Sub W-9 by click on the link <https://www.osc.nc.gov/state-north-carolina-sub-w-9/open>



STOP!!

Before you begin your registration, make sure you have downloaded, completed, and saved to your computer the NC State Sub W-9. The link to the form is <https://www.osc.nc.gov/state-north-carolina-sub-w-9/open>

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NamePasswordExhibitorJohn Doe1111ExhibitorJane Doe2222ClubAlpine Amigos
4H1212

Open the NC Sub W-9 in Adobe Reader (or ser Reader as your default)

Fill out the NC Sub W-9

The screenshot shows the Adobe Reader interface with the NC Sub W-9 form open. A red arrow points to the top of the form. The form is titled "STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM Request for Taxpayer Identification Number". It includes fields for Social Security Number (SSN), Employer Identification Number (EIN), and Individual Taxpayer Identification Number (ITIN). It also has sections for Legal Name, Business Name, and Contact Information. The form is labeled "Section 1 - Taxpayer Identification" on the left side.

Special Note: #13 - "Entity Classification" for Individual Select **"Other"** and below type **"Exhibitor"**. "Entity Classification" for Schools will be "Other" and below "School."

The image shows two side-by-side screenshots of the "13. Entity Classification" section of the form. The left screenshot shows the "Other (specify)" option selected, with "Exhibitor" typed in the text box below it. The right screenshot shows the "Other (specify)" option selected, with "School" typed in the text box below it. A red arrow points from the "Other (specify)" field in the left image to the "Other (specify)" field in the right image.

Note: Even though "Authorized U.S. Signature" has an asterisk, it cannot be filled in at this time.

Select Print after all questions answered.

REV 10/2023
NC Office of the State Controller
SUBSTITUTE W-9 FORM
Request for Taxpayer Identification Number

1. Social Security Number (SSN), OR Employer Identification Number (EIN), OR Individual Taxpayer Identification Number (ITIN)
2. Unique Entity Identifier or Dunn & Bradstreet Universal Numbering System (DUNS)

3. Legal Name (as registered with the IRS - see instructions); Business Name/DBA/Disregarded Entity Name, if different from Legal Name

4. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD); Address Line 1; Address Line 2; City; State; Zip (9 digit)

5. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable); Address Line 1; Address Line 2; City; State; Zip (9 digit)

6. Contact Name; 7. Phone Number; 8. Fax Number; 9. Email Address

Change Destination to "Save as PDF"

Print 3 sheets of paper

Destination: HP Color LaserJet Pro M...
HP Color LaserJet Pro M452-4 PCL-6 (V4) (Network)
HP LaserJet M402dn (256F11)
HP Color LaserJet M452dn (B828C3)
Save as PDF
See more...

Pages: 1
Copies: 1
Color: Color
More settings: v

Note: Even though it has an asterisk, "Authorized US Signature" cannot be filled in at this time.

Select "Save"

REV 10-2023

NC Office of the State Controller
(IRS Form W-9 will not be accepted in lieu of this form)
***Denotes a Required Field**

STATE OF NORTH CAROLINA
SUBSTITUTE W-9 FORM
Request for Taxpayer Identification Number

Section 1 - Taxpayer Identification

***1.** Social Security Number (SSN), OR
 Employer Identification Number (EIN), OR
 Individual Taxpayer Identification Number (ITIN)

***2.** _____

PLEASE THE TAB KEY TO ENTER EACH NUMBER:

***4. Legal Name** (as registered with the IRS - see instructions): _____

***5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:** _____

3. Unique Entity Identifier or Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions): _____

PLEASE THE TAB KEY TO ENTER EACH NUMBER:

Contact Information

***6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)**

***7. Remittance Address** (Location specifically used for payment that is different from Legal Address, if applicable)

***Address Line 1:** _____ **Address Line 1:** _____

Address Line 2: _____ **Address Line 2:** _____

***City** ***State** ***Zip (9 digit)** **City** **State** **Zip (9 digit)**

***County** **County**

***8. Contact Name:** _____

***9. Phone Number:** _____

***10. Fax Number:** _____

***11. Email Address:** _____

***12. Entity Type**

Individual/Sole Proprietor/Single-member LLC C-Corporation S-Corporation
 Partnership Trust/Estate Other _____
 Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-Partnership) _____

***13. Entity Classification**

Medical Services
 Legal/Attorney Services
 NC Local Govt
 Federal Govt
 NC State Agency
 Other Govt
 Other (specify) _____

14. Exemptions (see instructions)

Exempt payee code (if any): _____

Exemption from FATCA reporting code (if any): _____

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.

Section 2 - 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 because 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 later in general instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>)

***Printed Name:** _____ ***Printed Title:** _____ ***Date:** _____

***Authorized U.S. Signature:** _____

Please complete the **Modification to Existing Supplier Records** form if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address.

If you would like to receive your payments electronically, please complete the **Supplier Electronic Payment** form.

Return all completed forms to the State Agency from which you are requesting payment.

Print 3 pages

Destination Save as PDF

Pages All

Pages per sheet 1

Save Cancel

Save to the desktop

Save As

« FairEntryGeneral (\\wncag-server-1\Data) (I:) > 2024 > Mary Moore > Trash

Search Trash

Organize New folder

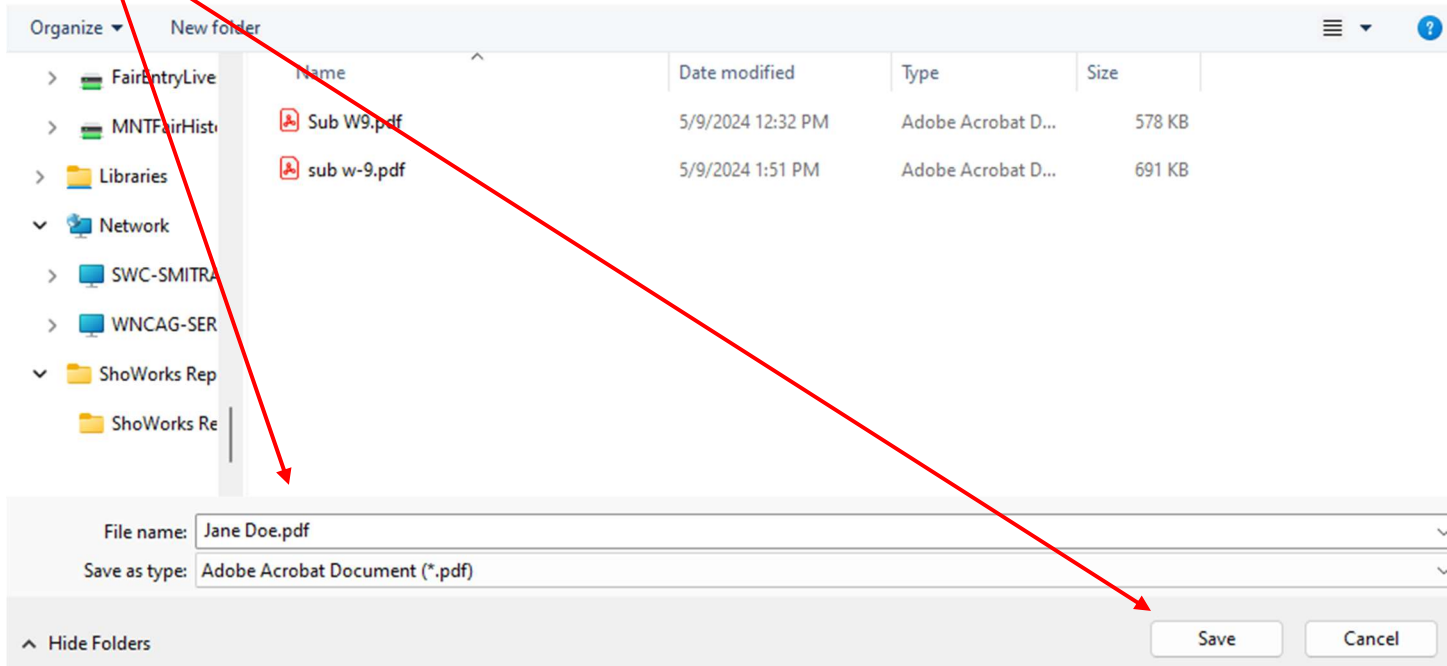
Name	Date modified	Type	Size
Sub W9.pdf	5/9/2024 12:32 PM	Adobe Acrobat D...	578 KB

File name: open.pdf

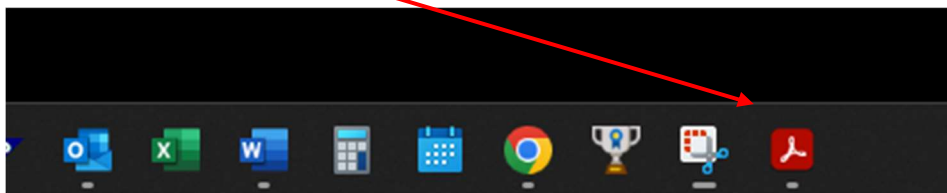
Save as type: Adobe Acrobat Document (*.pdf)

Save Cancel

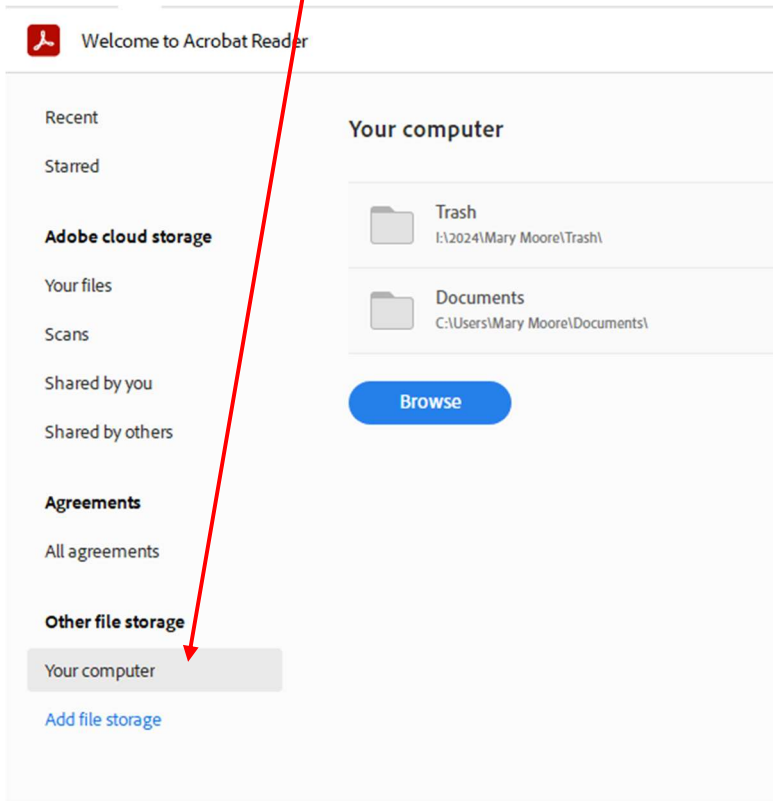
If more than one person will be registered from this computer, it is a wise idea to change the “File Name” to the exhibitor’s name so the correct file can be uploaded. After changing File Name then Save



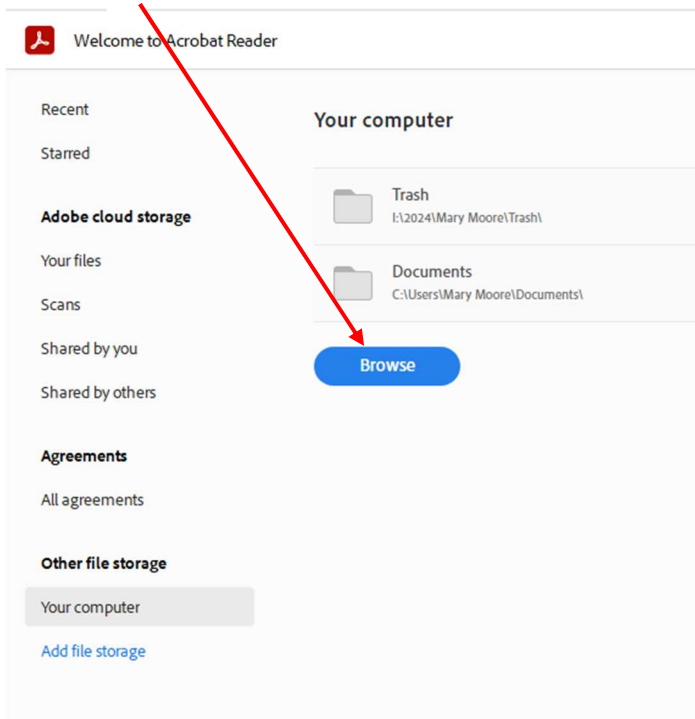
Open “Adobe Reader”



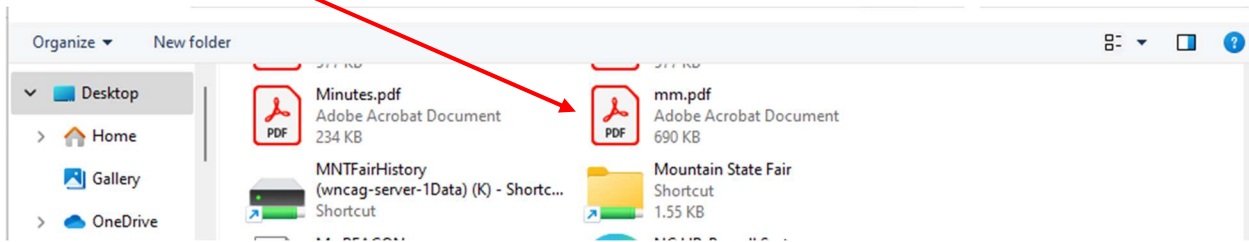
Select "Your Computer"



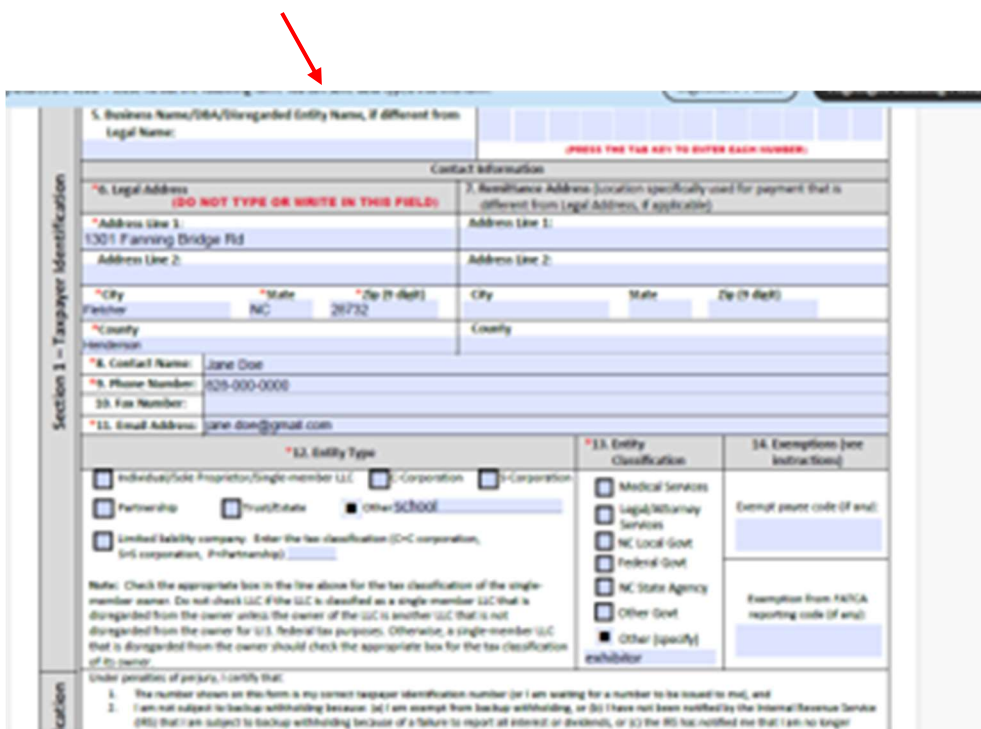
Select "Browse"



Locate the file on your desktop.



Double click on the correct file to obtain the NC Sub W-9. Then scroll down to signature section.



Section 1 - Taxpayer Identification

5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:

Contact Information

6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD):

Address Line 1: 1301 Fanning Bridge Rd

Address Line 2:

City: Fitchner State: NC Zip (9 digit): 28732

County: Henderson

7. Remittance Address (location specifically used for payment that is different from Legal Address, if applicable)

Address Line 1:

Address Line 2:

City: State: Zip (9 digit):

County:

8. Contact Name: Jane Doe

9. Phone Number: 528-000-0000

10. Fax Number:

11. Email Address: jane.doe@gmail.com

12. Entity Type

13. Entity Classification

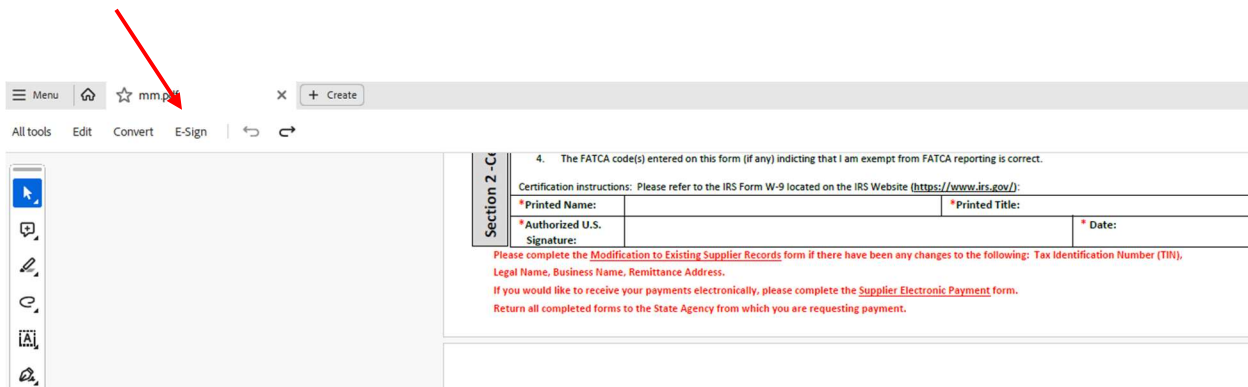
14. Exemptions (see instructions)

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 because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer

Select "E-Sign"



Menu Home mm.pdf x + Create

All tools Edit Convert E-Sign

Section 2 - Cert

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>):

*Printed Name: *Printed Title:

*Authorized U.S. Signature: *Date:

Please complete the [Modification to Existing Supplier Records](#) form if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address.

If you would like to receive your payments electronically, please complete the [Supplier Electronic Payment](#) form.

Return all completed forms to the State Agency from which you are requesting payment.

Select "Add Signature"

Menu Home mm.pdf x + Create

All tools Edit Convert E-Sign

E-Sign

GET E-SIGNATURES FAST

Request e-signatures
Send this document to anyone to e-sign online in 3 easy steps

FILL AND SIGN YOURSELF

Add signature +

Add initials +

Section 2 - C

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>):

* Printed Name:	* Printed Title:
* Authorized U.S. Signature:	

Please complete the [Modification to Existing Supplier Records](#) form if there have been any changes to the following: Tax Id, Legal Name, Business Name, Remittance Address.

If you would like to receive your payments electronically, please complete the [Supplier Electronic Payment](#) form.

Return all completed forms to the State Agency from which you are requesting payment.

NC Office of the State Controller Substitute W-9 Instructions

General Instructions

For General Instructions, please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).

Specific Instructions

Type the name in the grid.

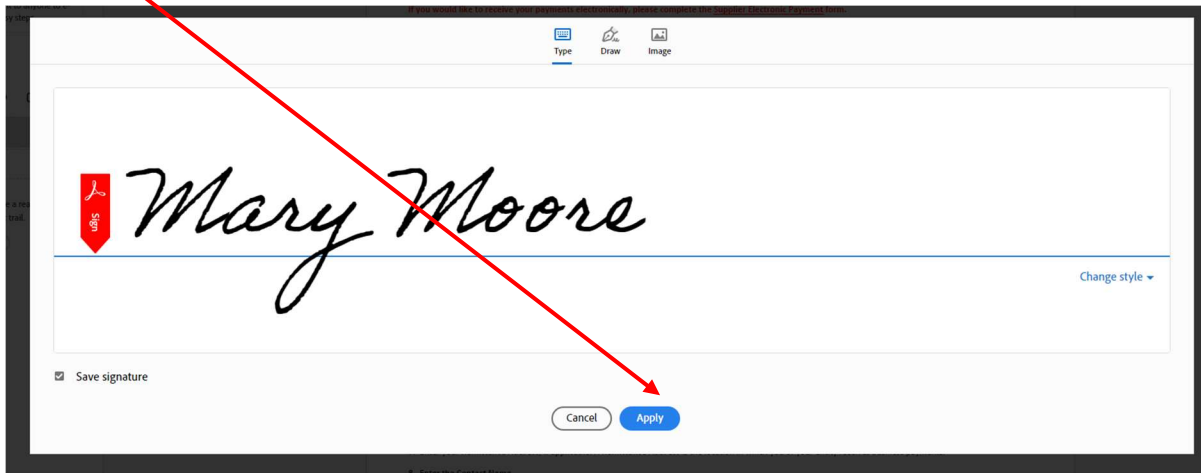
Type Draw Image

Type your name here.

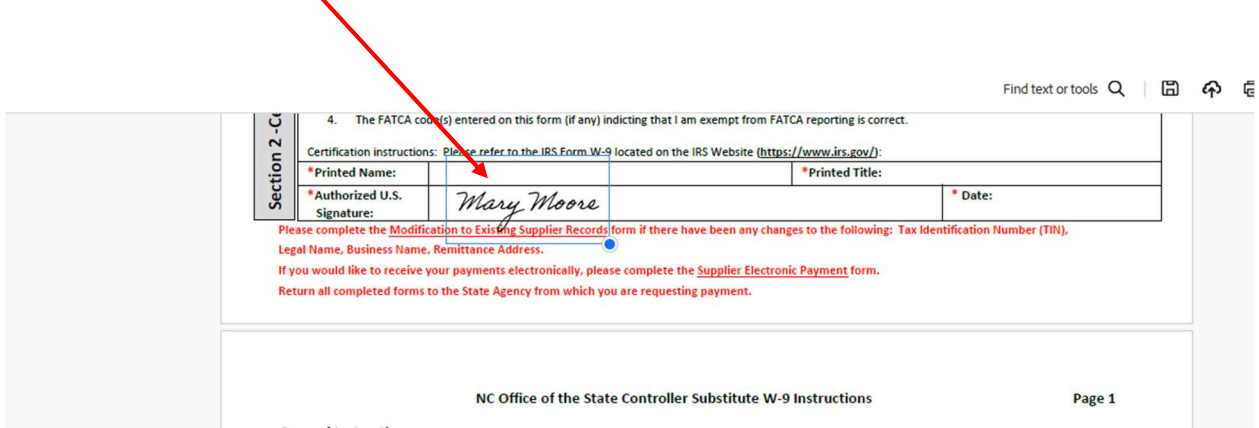
Save signature

Cancel Apply

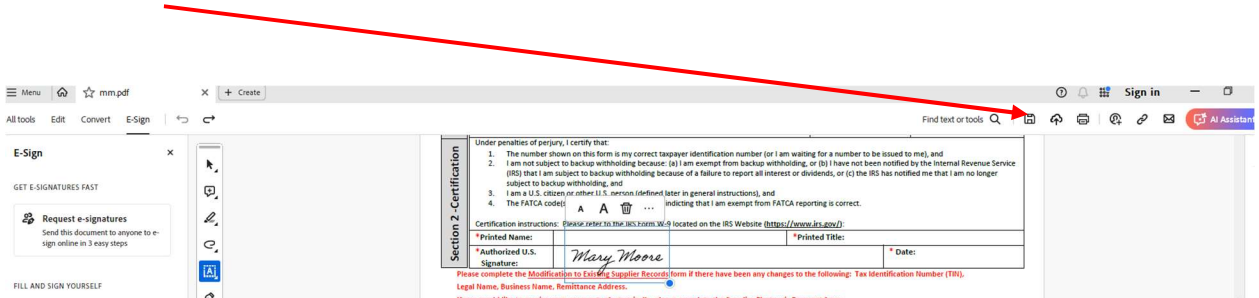
Select "Apply"



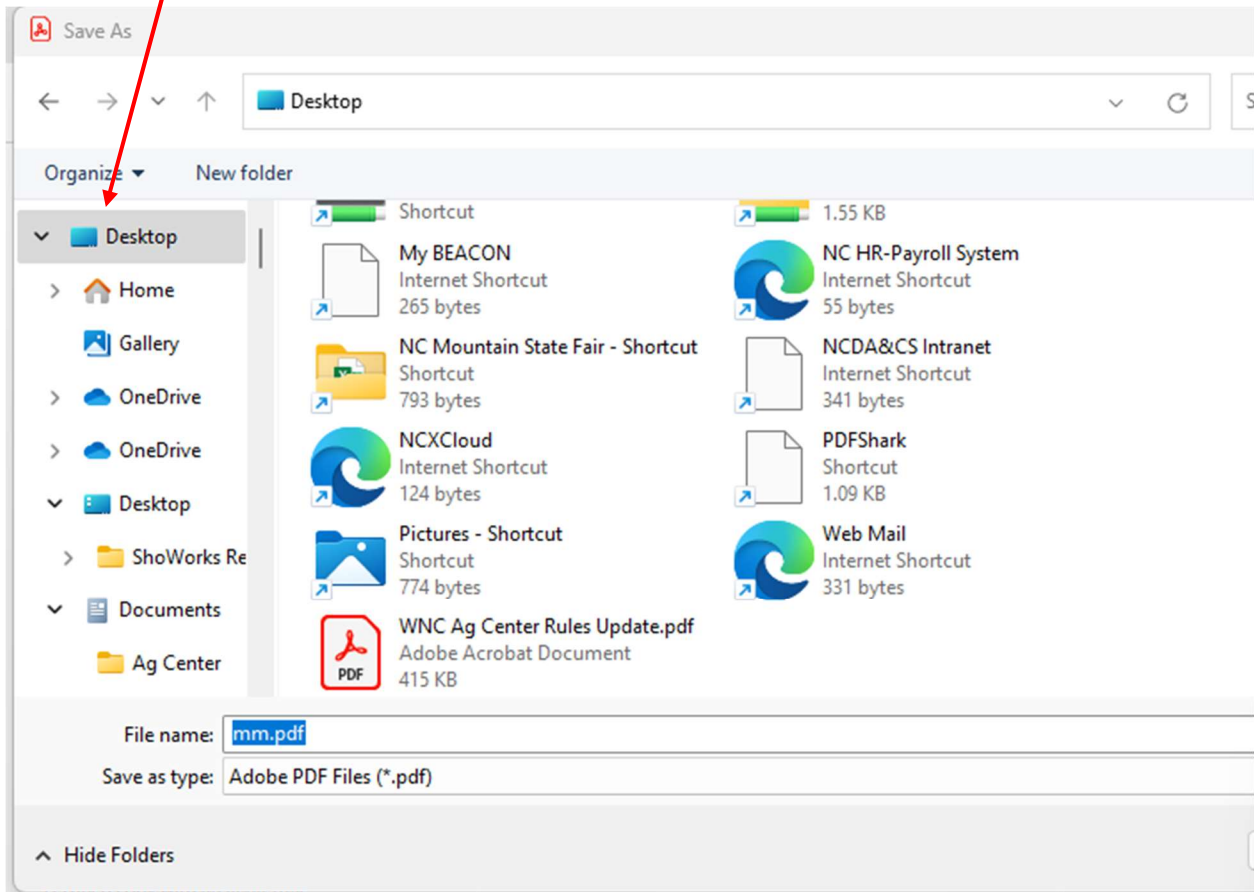
Place the signature text box in the "Authorized US Signature" grid.



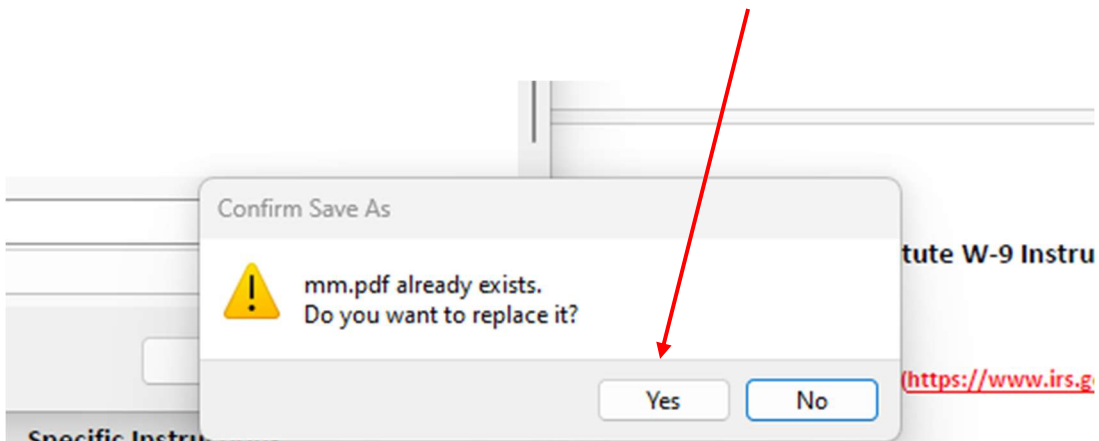
Select "Save"



Save to Desktop



It will ask if you want to replace the original file. Select "Yes"

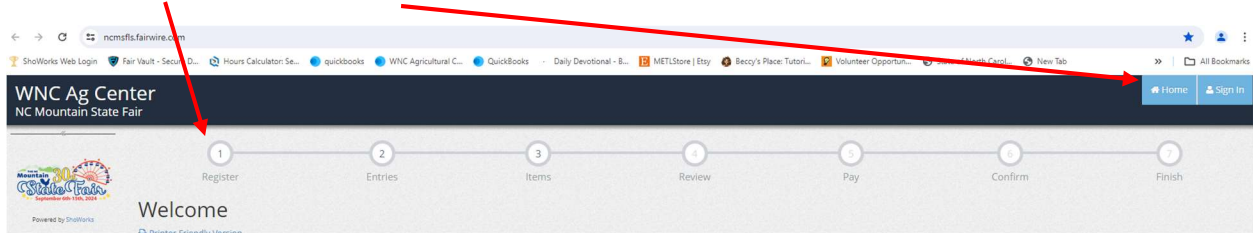


Specific Instructions

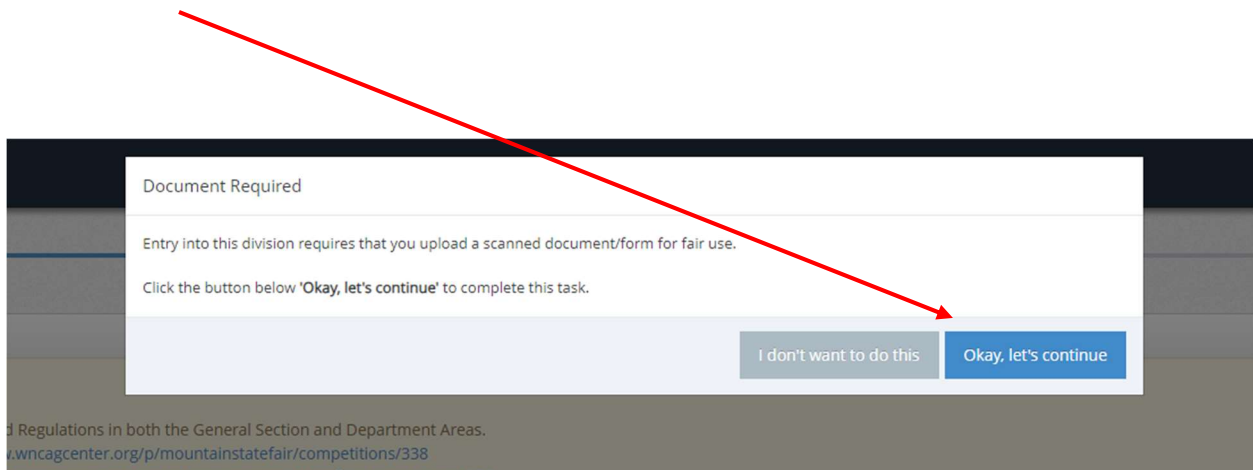
Section 1 -Taxpayer Identification

1. Taxpayer Identification Type. Check the type of identification number provided in box 2.

Select #1 “Register” or use Sign In

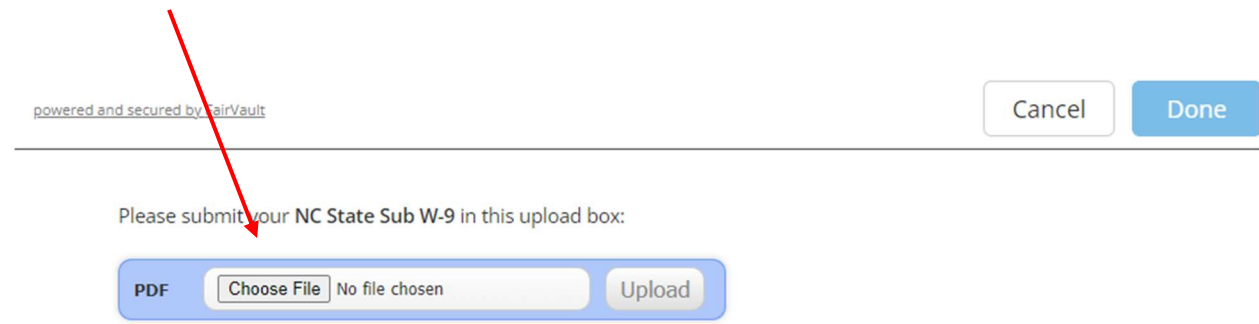


Continue to fill in the correct information going to the next page until “Document Required” . Select “Okay, let’s continue.”

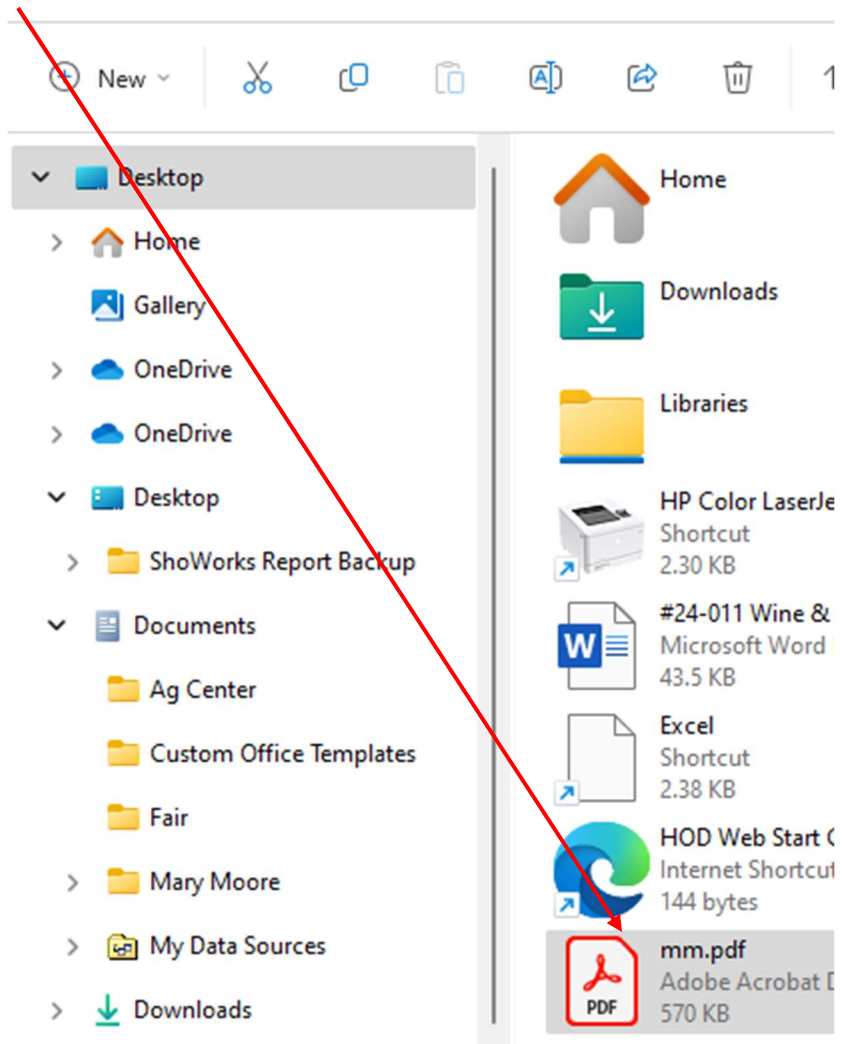


If you select “**I don’t want to do this**”, the NC Sub W-9 will not be linked to your file. Therefore, there will be NO Premium paid for your exhibits. North Carolina requires the NC Sub W-9 to pay any premiums.

Select "Choose File"



Select the correct NC Sub W-9



Select "Upload"

powered and secured by FairVault

Cancel Done

Please submit your NC State Sub W-9 in this upload box:

PDF Choose File sub w-9.pdf Upload

Name: sub w-9.pdf
Size: 690.5 KB Type: PDF

Press Upload when ready...

This screenshot shows the initial upload interface. At the top right, there are 'Cancel' and 'Done' buttons. Below a horizontal line, the text 'Please submit your NC State Sub W-9 in this upload box:' is displayed. A file selection box contains 'sub w-9.pdf' and an 'Upload' button. Below the file name, the details 'Name: sub w-9.pdf', 'Size: 690.5 KB', and 'Type: PDF' are shown. A red arrow points from the 'Select "Upload"' header to the 'Upload' button.

After "Upload Complete", Select "Done"

powered and secured by FairVault

Cancel Done

Please submit your NC State Sub W-9 in this upload box:

PDF Choose File sub w-9.pdf Upload

1.35MB/s | 00:00:00 100% 691.2 KB

Upload Complete

This screenshot shows the upload interface after the file has been successfully uploaded. The 'Upload' button is now disabled and greyed out. A progress bar is shown at 100% completion, with a speed of 1.35MB/s and a time of 00:00:00. Below the progress bar, the text 'Upload Complete' is displayed. A red arrow points from the 'After "Upload Complete", Select "Done"' header to the 'Done' button at the top right.

Continue with entering entries. Be sure to Save cart before completing the check-out process.

