



RACER PAYOUT INFORMATION SHEET

THIS FORM MUST BE COMPLETED AND SIGNED BY RACER BEFORE CHECK IS ISSUED.
PLEASE PRINT CLEARLY ALL INFORMATION EXCEPT SIGNATURE.

DATE OF EVENT: _____

NAME OF EVENT: _____

GL CODE: _____

DRIVER NAME: _____

NHRA COMPETITION # : _____

PAYEE NAME: _____ (1099 will be issued to this individual)

PAYEE TAX ID: _____

PAYEE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

CERTIFICATION: Under penalties of perjury, I certify that:

1. The payee's TIN is correct. (Name & Tax ID must match in IRS database)
2. The payee is not subject to backup withholding due to failure to report interest and dividend income AND
3. The payee is a U.S. person.

Signature: _____ Date: _____

NOTE: NON-RESIDENT ALIENS WILL HAVE A WITHHOLDING TAX OF 30%

NHRA USE ONLY:

ELIMINATOR: _____

POSITION: _____

AMOUNT DUE: _____

30% NON RESIDENT WITHHOLDING: _____

AMOUNT PAID: _____

CK#: _____

OTHER DEDUCTION EXPLANATION: _____