



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: _____ **DRIVER NAME:** _____

CLASS: *(Please Select All That Apply)* Super Pro Pro Sportsman Bike JR Dragster

NAME OF EVENT: _____

<p>PAYEE NAME: _____ (1099 will be issued to this individual)</p> <p>PAYEE TAX ID: _____ (Social Security Number)</p> <p>PAYEE ADDRESS: _____</p> <p>CITY: _____ STATE: _____</p> <p>PHONE: _____ EMAIL: _____</p> <p>CERTIFICATION: Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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. <p>Signature: _____ DATE: _____</p>

NHRA USE ONLY: **VENDOR ID:** _____

CHECK STUB TO BE ATTACHED HERE