Date Approved\_:

Signature of U.S. person\_

## 2019 - MIAMI VALLEY GAMING PURSE AUTHORIZATION - 2019

## YOU MUST FILL OUT PURSE AUTHORIZATION <u>COMPLETELY</u> OR IT WILL NOT BE PROCESSED PLEASE FAX THE COMPLETED FORM TO: **513-409-5094**

1.	AUTORIZATION FOR:		TRAINER	APPLY)	DRIVER	
2.	NAME:		<u>M</u>	AILING ADE	DRESS:	
			_			
			Pf	HONE #:		
3.	USTA #	OSF	RC #			
4.	CIRCLE ONE: MA	IL CHECKS	PICK UP IN	OFFICE	ON DEMAND	
	NAME OF OTHER PERSON(S	) AUTHORIZED TO	) PICK UP YOUR CH	HECK:		
5.	SIGNATURE:			DATE	:	
		CII	BSTITUTE W-9	EOD HADNI	ECC DI IDCEC	
		30	DSTITUTE W-5	FOR HARINE	ESS FURSES	
	Name (as shown on your income tax return):					
	Business name (if diff	erent from ab	ove) DBA:			
					Liability Corporation	
	Address (number, str	eet, apt./suite	#)			
	City, State, Zip Code_					
		TAX	PAYER IDENTIF	ICATION N	JMBER (TIN)	
			OR			
	SOCIAL SECURITY	NUMBER	EN	MPLOYER ID	ENTIFICATION NUMBER	
	2. I am not subject to back	this form is my corr kup withholding bed nat I am subject to	cause (a) I am exemp backup withholding a	ot from back up	or I am waiting for the number to withholding, or (b) I have not bee allure to report all interest or divi	n notified by the Internal
	3. I am a U.S. citizen or other	her U.S. person incl	uding a U.S. resident	alien.		

Date