

Date Approved : _____

2020 – MIAMI VALLEY GAMING PURSE AUTHORIZATION – 2020

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

1. AUTHORIZATION FOR: OWNER TRAINER DRIVER

(CIRCLE ALL THAT APPLY)

2. NAME: _____ MAILING ADDRESS: _____

PHONE #: _____

3. USTA # _____ OSRC # _____

4. CIRCLE ONE: MAIL CHECKS PICK UP IN OFFICE ON DEMAND

NAME OF OTHER PERSON(S) AUTHORIZED TO PICK UP YOUR CHECK: _____

5. SIGNATURE: _____ DATE: _____

SUBSTITUTE W-9 FOR HARNESS PURSES

Name (as shown on your income tax return): _____

Business name (if different from above) DBA: _____

Check one : Individual _____ Partnership _____ Limited Liability Corporation _____ Other _____

Address (number, street, apt./suite #) _____

City, State, Zip Code _____

TAXPAYER IDENTIFICATION NUMBER (TIN)

_____-_____-_____

OR

_____-_____

SOCIAL SECURITY NUMBER

EMPLOYER IDENTIFICATION NUMBER

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 the number to be issued to me) and
2. I am not subject to backup withholding because (a) I am exempt from back up 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 the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. citizen or other U.S. person including a U.S. resident alien.

Signature of U.S. person _____ Date _____