

**MOTOR MILE SPEEDWAY** 

2020 DRIVER INFORMATION



# THIS INFORMATION PACKET MUST BE FILLED OUT COMPLETELY BY EVERY COMPETITOR IN EVERY DIVISION.

Each section should be filled out completely. If you do not have information to fill in a blank (ex. You don't have an email address, etc.), please enter "none" in the appropriate blank so we know this section was not missed. Also, no forms will be accepted that have "same as last year" marked in any section. Each section, even if there is no change from the previous seasons, must be filled out completely. You will be asked for your division, car #, and name on each page. This is so when the pages are separated for different uses the information on each individual page is linked back to the correct driver. Also, please note that if your winnings will be paid to someone other than yourself (parent, car owner, etc.) you are still required to complete the tax information, including their full name, social security or federal tax ID number, and mailing address before the packet will be considered complete. It is your responsibility as a competitor at MMS to provide us with this information.

Be sure you fill out the form <u>LEGIBLY</u>.

If you are filling out this packet pre-season we ask that you return it to us as quickly as possible.

E-MAIL COMPLETED COPY TO: <u>lalderman@motormilespeedway.com</u>

-OR-

**FAX COMPLETED PACKET TO: (540) 731-4756** 

-OR-

MAIL COMPLETED PACKET TO:
MOTOR MILE SPEEDWAY
ATTN: Lynn Alderman
6749 LEE HIGHWAY
RADFORD, VA 24141
540 639-1700

## **DRIVER/CAR INFO SHEET**

DIVISION:	CAR#:
(Drivers who compe	in more than one division must fill out a separate packet
for each division.)	
<b>ARE YOU COMPETIN</b>	FOR ROOKIE OF THE YEAR IN THIS DIVISION?
DRIVER NAME: _	
NASCAR LICENSE N	MBER:
CAR OWNER:	
CAD MAKE.	MODEL - VEAD-
CAR WARE:	MODEL: YEAR:
PRIMARY SPONSOR	
	BE THE SPONSOR ANNOUNCED DURING BROADCASTS AND USED IN TRACK MEDIA.
	AVE YOU BEEN RACING?
BRIEF RACING HIST	RY: (If new to Motor Mile Speedway):
IN CASE OF EMERGI	NCY PLEASE CONTACT:
RELATIONSHIP TO I	RIVER:
DDIMADY DUONE: /	) SECONDARY PHONE: ()
FRIMARI PHONE: (	

OVER>>>>

# **GENERAL DRIVER INFORMATION**

DIVISION:	CAR#:
(Drivers who compete in more than or for each division.)	ne division must fill out a separate packet
FULL LEGAL NAME:	
PREFERRED NAME:	
DATE OF BIRTH:/AGE	:: SSN:
MAILING ADDRESS:	
CITY: S	STATE: ZIP:
HOME PHONE: ()	CELL PHONE: ()
WORK PHONE: ()	EMAIL ADDRESS:
TYPE OF EMPLOYMENT:	EMPLOYER NAME:
EMERGENCY CONTACT:	PHONE: ()
<u>MEDIC</u>	CAL HISTORY
PLEASE LIST ANY KNOWN ALLERGIE	S:
WHAT MEDICATIONS DO YOU TAKE F	REGULARY:
PLEASE INFORM US OF ANY MEDICAL MEDICAL STAFF TREATING YOU IN C	L CONDITION OR HISTORY THAT MAY HELP ASE OF ILLNESS OR INJURY:

Form W-9
(Rev. October 2018)
Department of the Treasury

## Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

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	1 Name (as shown	on your income t	ax returnj. Name is r	equired on this line; do n	ot leave this line blank.							
	2 Business name/	disregarded entity	name, if different fro	m above								
page 3	following seven	boxas.	_	he person whose name				certain e	ptions (cox intities, no ons on pag	t individu		
rint or type. Instructions on	individual/sol single-memb	e proprietor or er LLC	☐ C Corporation	☐ S Corporation	Partnership	□ Tn	ust/ostato	Exempt	payee cod	e (if any)_		
Print or type. c Instruction	. —			(C-C corporation, S-S								
声				or the tax classification of that is disregarded from					on from FA	ATCA repo	orting	
F F	another LLC1	that is not disrega	rded from the owner	for U.S. federal tax purp propriate box for the tax	oses. Otherwise, a sing	gle-mem)		code (f	any)			_
Specific	Other (see in:		around crisics; and app	ropriate box for the lab.	Classification of its own	м.		(Applies to a	control main	lained cubic	athe (I.S.)	,
	_	-	or suite no.) See inst	ructions.		Reques	tor's name a	ind addre	ss (options	ıl)		_
8												
-,	6 City, state, and 2	ZIP code										
	7 List account num	nber(s) here (option	nal)									_
Par	til Taxpa	yer Identific	ation Number	(TIN)								
				nust match the name			Social sec	urity nun	nber			_
reside	nt allen, sole prop	rietor, or disreg	arded entity, see t	social security numb he instructions for Pa you do not have a nu	rt I, later. For other			-	-			
TIN, l		,			,		or					_
				structions for line 1. A	lso see What Name	and	Employer	Identifica	ition numi	ber	_	
NUITIL	er 10 Give the He	quester for guio	elines on whose n	uniber to enter.				-			$  \  $	
Par	Certifi	cation										_
	penalties of perju		:									_
				Identification numbe	r (or I am waiting for	a numb	er to be iss	ued to n	ne); and			
2. Iar Ser	n not subject to be	sckup withholdir n subject to bac	ng because: (a) i a kup withholding a	m exempt from back s a result of a fallure	up withholding, or (b	) I have	not been n	otified by	y the Inte			m
3. I ar	n a U.S. citizen or	other U.S. perso	on (defined below)	; and								
4. The	FATCA code(s) e	ntered on this fo	orm (If any) Indicat	ing that I am exempt	from FATCA reportir	ng is cor	rect.					
you he acquit	ave falled to report attion or abandonm	all interest and d ent of secured pr	ividends on your ta roperty, cancellatio	If you have been noti ix return. For real estat in of debt, contribution in the certification, but	e transactions, item 2 s to an individual retir	2 does no rement a	ot apply. Fo mangemen	r mortga (IRA), ar	ge Interes Id genera	st pald, ily, paym	nents	98
Sign						Date ►						

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

. Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- . Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- . Form 1099-C (canceled debt)
- . Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.