

Name
Business name, if different from above.
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other → _____
Address (number, street, and apt. or suite no.)
City, state, and ZIP code

Part I	Taxpayer Identification Number (TIN)																																										
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on Page 2. Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.	<table style="width:100%; text-align: center;"> <tr> <td colspan="10">Social security number</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>-</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>-</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="10">Employer identification number</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>-</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	Social security number										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employer identification number										<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Part II	For U.S. Payees Exempt From Backup Withholdings (see the instruction on page 2.)
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Part III	Certification
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 a number to issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt form backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholdings as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholdings, and 3. I am a U.S. person (including a U.S. resident alien). Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)	

Sign Here	Signature of U. S. Person	Date →
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2023 Harrington Raceway Harness Meet Purse Registration Form

Please check all that apply Owner Trainer Driver

Name _____ USTA #: _____
(exactly as is appears on ownership papers – should be identical to name above)

Phone () _____
 Additional _____
 Authorized _____
 Pickup _____
 Personnel _____

Purse payments will be made through DIRECT DEPOSIT only. Please make sure you have filled out our direct deposit information form and have submitted it to the horsemen’s bookkeeper. If a purse payment is received and then recalled due to a positive test or any other reason, the recipient is responsible for returning the funds immediately.

Signature: _____