



RACER PAYOUT INFORMATION SHEET

DRAG STRIP EVENTS

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

*In order to receive payment, please
legibly complete the form*

Bike Jr. Dragster

PAYEE NAME: _____	(1099 will be issued to this individual)
PAYEE TAX ID: _____	(Social Security Number)
PAYEE ADDRESS: _____	
CITY: _____	STATE: _____
PHONE: _____	EMAIL: _____
CERTIFICATION: Under penalties of perjury, I certify that:	
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.	
Signature: _____	DATE: _____

NHRA USE ONLY:

VENDOR ID: _____

CHECK STUB TO BE ATTACHED HERE