

## 2025 Smacktoberfest OG Street Stock Registration

\$50.00 Registration



Deduct from winnings

PLEASE COMPLETE ALL LINES ON THIS FORM – PLEASE WRITE LEGIBLY  
MUST HAVE W9 ON FILE

CAR #

Driver Information-Driver will receive any payout due to them.

Driver's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Secondary Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver Health Insurance: \_\_\_\_\_

Upon registering and signing below, I acknowledge that I have read the 2025 Rule Book(s) and the 2025 New London Waterford Speedbowl General Rulebook, and agree to abide by all rules contained in those rulebooks,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
or	
<b>Employer identification number</b>	
<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup 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 (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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**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](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

## Direct Deposit Authorization

I, \_\_\_\_\_, hereby authorize The New London-Waterford Speedbowl (hereinafter referred to as Company) to deposit any amounts owed to me by initiating credit entries into my account at the financial institution (hereinafter referred to as Bank) indicated below. Further, I authorize Bank to accept and to credit any such entries indicated by Company to my account. In the event that Company deposits erroneous funds into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

### Information

NAME	AUTHORIZATION PURPOSE
	<input type="checkbox"/> New direct deposit.
SOCIAL SECURITY NUMBER	<input type="checkbox"/> Direct deposit change.
- -	<input type="checkbox"/> Direct deposit cancellation.

### Checking Account Information

PLEASE DEPOSIT TO MY CHECKING ACCOUNT (PLEASE ATTACH A VOIDED CHECK)		
<input type="checkbox"/> A flat amount of \$ _____.	<input type="checkbox"/> _____% of my net pay.	<input type="checkbox"/> My entire net pay.

### Savings Account Information

ABA BANK ROUTING NUMBER	I WISH TO DEPOSIT TO MY SAVINGS ACCOUNT
	<input type="checkbox"/> A flat amount of \$ _____.
BANK ACCOUNT NUMBER	<input type="checkbox"/> _____% of my net pay.
	<input type="checkbox"/> My entire net pay.

### Other Account Information

ABA BANK ROUTING NUMBER	I WISH TO DEPOSIT TO	
	<input type="checkbox"/> Checking	<input type="checkbox"/> A flat amount of \$ _____.
BANK ACCOUNT NUMBER	<input type="checkbox"/> Savings	<input type="checkbox"/> _____% of my net pay.
		<input type="checkbox"/> My entire net pay.

I understand I am responsible for confirming that my pay has been properly deposited each payroll. No transactions will be initiated against those funds until confirmation has been made. Insufficient funds charges that occur because I have failed to abide by this will be my responsibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please note: Savings and credit unions may use different ABA/account numbers for ACH transactions. Owners are responsible to Get the right information from their bank. Deposit slips are not valid. Additionally, please use safeguards when transmitting this sensitive information.*