



2025 – 360 Knoxville Nationals Payee Information

MUST BE COMPLETED TO BE ABLE TO RECEIVE PURSE MONEY.

DRIVER NAME: _____

Car Number: _____

COMPLETE BELOW REGARDLESS OF COUNTRY – Print Clearly

For 1099 Purposes, Identify "Winnings Payable To" (W-9) Information

Winnings Payable To: _____

Enter the exact spelling of individual name or business name. Indicate if business is incorporated or LLC.

Mailing Address: _____

City, State & Zip: _____

USA Social Security #: _____ **OR** Federal Tax ID # (FEIN): _____

For individuals, this is your Social Security Number. For other entities, it is your Employer Identification Number (EIN).

CERTIFICATION

The number shown on this form is my correct taxpayer identification number (or I am waiting on 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. By signing below, I acknowledge that I have received and read the Knoxville Raceway Competition Application, Waiver and Release, Express Assumption of Risk and Indemnity Agreement.

X _____
Signature

X _____
Date