



## 2025 – 410 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