

Purse Authorization



Note: Before your check can be released, you must complete and sign the following form along with IRS Form W-9 or Form W-8ECI (if non-U.S. resident). Failure to provide a valid U.S. tax ID number may result in an IRS penalty.

Running Aces
ATTN: Maureen Hanson
15201 Running Aces Blvd
Columbus, MN 55025-7908
RAPayments@RunAces.com
Phone: 651-925-4585 fax: 651-925-4785

USTA #	First Name & Middle Initial	Last Name or Company Name	
Stable Name (if used)			

Street Address	City	State	Zip Code + 4
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Select one payment option:

Mail checks to the above address

Checks will be picked up by myself or:

Direct Deposit

Main phone number	Alternate phone number	E-mail address
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Check all that apply: Owner Trainer Driver

Additional owners: _____

U.S. Social Security Number:

				-			-					
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U.S. Employer ID Number:

		-												
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or

Signature	Date
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Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/disregarded entity name, if different from above			
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____		
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>		
	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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-					-				
or									
Employer identification number									
-					-				

Part II 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 be issued to me); and
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

Sign Here	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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Direct Deposit Authorization Agreement

I hereby authorize **Running Aces** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Running Aces** responsible for any delay or loss of funds due to incorrect or missing information either supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Direct deposit of owner payments will be made consistent with signed Purse Authorization on file with Horsepersons' Bookkeeper.

This agreement will remain in effect until **Running Aces** receives a written notice of cancellation from me or my financial institution.

Please complete the following and provide a voided check for verification of information provided.

Account Information

Name of Financial Institution: _____

Routing number: _____ Checking Savings

Account Number: _____

Personal Information

Name: _____ Phone #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email address (required) for statements to be sent: _____

Signature: _____ Date: _____

PLEASE REMEMBER TO SUBMIT A COPY OF A VOIDED CHECK WITH THIS FORM.

Email: RAPayments@RunAces.com
Phone: 651-925-4585

Running Aces
Attn: Maureen Hanson
15201 Running Aces Blvd
Columbus, MN 55025

Multiple Owner's Form

Please complete a separate form for each ownership combination

Name of Financial Institution: _____
Routing number: _____ Checking Savings
Account Number: _____

Primary Owner

Name _____ Address _____
USTA Member #/ _____ Exp. Date _____ Email/Phone _____
Signature: _____ Date: _____

Second Owner

Name _____ Address _____
USTA Member #/ _____ Exp. Date _____ Email/Phone _____
Signature: _____ Date: _____

Third Owner

Name _____ Address _____
USTA Member #/ _____ Exp. Date _____ Email/Phone _____
Signature: _____ Date: _____

Fourth Owner

Name _____ Address _____
USTA Member #/ _____ Exp. Date _____ Email/Phone _____
Signature: _____ Date: _____

PLEASE REMEMBER TO SUBMIT A COPY OF A VOIDED CHECK WITH THIS FORM.

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