PURSE AUTHORIZATION FORM

Please use this form to grant authorization and direct payment of purses.

CHECK ALL THAT APPLY: ____ Owner ____ Trainer ____ Driver

NAME ON PROGRAM/USTA RECORDS AT TIME OF RACE: _____

PURSE DISTRIBUTION INSTRUCTIONS:

By signing below, we agree and authorize The Red Mile to distribute purse funds as follows:

1. ____ One check to be picked up at The Red Mile office by _____
2. ____ One check to be mailed to the address provided by owner, trainer, or driver
3. ____ Direct deposit to one owner, trainer, or driver (Please also fill out the Direct Deposit Authorization Form)

By signing below, I further agree not to hold The Red Mile responsible for any delay or loss of funds due to incorrect or incomplete information supplied by any party signing this form. I further acknowledge and agree that The Red Mile is authorized to distribute funds in accordance with this form and will not be liable or responsible in any way for any dispute between or among horsemen after distribution of funds.

Name of Horseman:	_____	Email:	_____
USTA Member #:	_____	Phone:	_____
Signature:	_____	Date:	_____
Address:	_____		

TERMS FOR THE PAYMENT OF HORSEMENS' PURSES

Checks for purses will be released within 10 business days or after the laboratory testing clearance is received. Any owner who receives a purse check and is later notified of a positive test for his or her horse must return the full purse amount, including trainer and driver percentages, to the Red Mile after receiving written notice from the Commission. Refusal to return the payment will result in an indefinite suspension from racing. Your signature on the Purse Authorization Form indicates you have read and understood the above paragraph.

****W-9**** In order to release your purses to you, The Red Mile must have a current and complete W-9 Form on file for you. An IRS published W-9 Form with instructions is available in the general office, if needed.
IMPORTANT: The name appearing on the W-9 is the person or business who will receive the 1099 Form at year-end. This form will report a total of all purse payments made to you to the I.R.S. for tax purposes. This individual's name or business name **must be listed exactly** as it appears on your Social Security Card or as it appears on your Employer Identification Number (EIN).

Non - U.S. Persons may obtain the **W-8 form** you need to have on file for tax reporting purposes from the General Office in the Grandstand.

SUBSTITUTE W-9 FOR HARNESS PURSES

Individual's Name (as on Social Security Card)_____

-OR - dba (if applicable)_____

Stable/ Company Name (as on Taxpayer ID Number) _____

Check one: ___ Sole proprietor ___ Corporation ___ Partnership ___ Limited liability company ___ Other

Address (number, street, etc. _____

City, State, and ZIP code_____

TAXPAYER IDENTIFICATION NUMBER (TIN)

_____ -OR- _____

SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER (EIN)

NOTE: FAILURE TO PROVIDE A VALID U.S.TAX ID NUMBER MAY RESULT IN AN I.R.S. PENALTY

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 back up 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 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 including a U.S. resident alien.

Signature of U.S. Person_____ **Date**_____

An IRS published W-9 Form with instructions is available in the general office.

Please return this form via email to: purses@redmile.biz

You may mail your forms to: The Red Mile – Attn: Autumn Garcia – 1101 Winbak Way – Lexington, KY 40504

Fax: 859-231-0217 Attn: Horsemen's Bookkeeper Phone: 859-255-0752, ask for Horsemen's Bookkeeper