Welcome to the 2024 Ocean Downs Racing Season!

We are pleased to announce that the 2024 season will start Sunday, May 26, 2024.

We will still be using direct deposit for all horsemen payments. There will be ONE option for payments: **DIRECT DEPOSIT**. If you have a direct deposit form on file from last year, **there is no need to fill another request out**. The information sheet and W-9 still need to be completed and returned.

Please review the enclosed packet and complete all information on all forms. These must be returned via email to stacey.derocher@oceandowns.com, dropped off at the Racing Administration office or faxed to 410-629-6678 Attention: Stacey DeRocher. For direct deposit, please mail or drop off original forms with a voided check.

This information is now required to ensure timely payments for all Horsemen. Paperwork must be received in the Horsemen's Bookkeeper office by 12 noon on Tuesday to be included in that week's payments. Weekly payments will be made to owners, trainers and drivers.

If you should have further questions, please contact Stacey DeRocher at 410.641.0600 ext. 3193 or direct dial 410.629.6646.

Thank you very much for your cooperation and participating in this years live meet.
PLEASE PRINT CLEARLY

Individual Name ________________________________________________________________

Social Security Number: __________________________________________________________

OR

Partnership: ___________________________________________________________________

Primary Social Security Number: ____________________________________________________

OR

Corporation: __________________________________________________________________

Federal ID Number: ______________________________________________________________

Role: Owner__________  Trainer ___________  Driver ___________

Street Address: __________________________________________________________________

City: ____________________________  State: ____________  Zip Code: __________

Contact Telephone Number: ______________________________________________________
### W-9 Request for Taxpayer Identification Number and Certification

#### Form W-9 (Rev. October 2018)

**Department of the Treasury**

**Internal Revenue Service**

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.**

<table>
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<tr>
<th><strong>Name</strong> (as shown on your income tax return); Name is required on this line; do not leave this line blank.</th>
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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.**

   - [ ] Individual/sole proprietor or [ ] C Corporation [ ] S Corporation [ ] Partnership [ ] Trust/estate
   - [ ] 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.
   - [ ] 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 FATCA reporting code (if any) ________________

   * playoffs to accounts maintained outside the U.S.

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

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or

#### Employer Identification number

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### 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

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<th>Signature of U.S. person</th>
<th>Date</th>
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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).

### 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), 1068-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

Authorization Agreement

I hereby authorize Ocean Downs to initiate automatic deposits to my account at the financial institution named below.

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

This agreement will remain in effect until Ocean Downs receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Horsemen's Bookkeeper.

A separate Direct Deposit Authorization Agreement must be completed for every partnership.

Please attach a voided check and/or a savings account deposit slip for verification of your pay distribution requests.

Account Information

Name of Financial Institution: _______________________________________________________
Routing Number: _________________________________________________________________
Account Number: ____________________________ Checking☐ Savings☐

Personal Information

Name: ________________________________________________________________
Address: ________________________________________________________________
Phone: _________________________________________________________________
Email: _________________________________________________________________

Signature

Authorized Signature (Primary): ____________________________ Date: __________
Authorized Signature (Joint): ____________________________ Date: __________
Authorized Signature (Joint): ____________________________ Date: __________
Authorized Signature (Joint): ____________________________ Date: __________

Please attach a voided check or deposit slip and return this form to the Horsemen’s Bookkeeper.
OWNERS ONLY

PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOUR HORSE IS ELIGIBLE TO RECEIVE MARYLAND BONUS MONEY.

The definitions of a MD owned and/or bred are:

A. MD bred mare fully owned by a MD resident at the time of conception
B. MD owned-defined as owner at the time of declaration while residing in MD
C. MD sired by a registered MD stallion

Name of Horse: ______________________________________________________

Name of Owner: _____________________________________________________

USTA MEMBER #: ___________________________________________________

MRC LICENSE #: ____________________________________________________

I certify that the above named horse complies with the standards within and in accordance with the bonus agreement in place between Ocean Downs LLC and the Cloverleaf Standardbred Owners Association.

***Please note: All decisions on horses' bonus eligibility will be final and will be that of CSOA and ODLLC. Any attempt to circumvent the bonus eligibility of horse ownership will result in loss of bonus payment and a loss of racing privileges.

Signature: ____________________________________ Date: ________________