

DATE \_\_\_\_\_

CAR# \_\_\_\_\_

TRANSPONDER NUMBER \_\_\_\_\_

DIVISION \_\_\_\_\_



# FORM 1099

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO RECEIVE YOUR MONEY.  
 IN THE EVENT DRIVER CHANGES CAR NUMBER, CAR OWNER, OR DIVISION ANOTHER FORM MUST BE FILLED OUT.  
 PLEASE PRINT CLEARLY, ANY MISINFORMATION MAY DELAY PAYMENT.

## COMPETITOR INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

(STREET OR P.O. BOX)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_ TEXT? Y OR N

BIRTHDAY \_\_\_\_\_ SSN \_\_\_\_\_

## PERSON TO RECEIVE PAYOFF CHECK IF OTHER THAN COMPETITOR

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

(STREET OR P.O. BOX)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_ TEXT? Y OR N

SSN OR FED ID NUMBER OF PERSON TO RECEIVE CHECK: \_\_\_\_\_

**NOTE:** FEDERAL TAX STATEMENT NO. 1099 WILL BE ASSIGNED AND MAILED TO THE PERSON OR  
 BUSINESS RECEIVING PAYOFF, UNLESS OTHERWISE STATED ON THIS FORM.

FOR OFFICIAL USE ONLY MRP \_\_\_\_\_ CODE \_\_\_\_\_