



2023 American All-Star Series Registration Form



Driver Name: _____ Car Number: _____ Are you a "Rookie"? Y or N

Mailing Address (Street) _____

(City) _____ (State) _____ (Zip) _____

Phone Number: _____ Email: _____

Membership Fees: Annual Touring \$100 Annual Weekly \$150 Partial Per Race (Tour ONLY) \$25**

Membership fee is non-refundable.

By signing, I acknowledge and understand I am responsible to read, understand, and abide by all American All-Star Series rules, regulations, and guidelines that have been issued, and which may at some point be amended.

Signature: _____ Date: _____

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ► Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
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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		Exempt payee code (if any) _____
	<input type="checkbox"/> C Corporation		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> S Corporation		
	<input type="checkbox"/> Partnership		(Applies to accounts maintained outside the U.S.)
<input type="checkbox"/> Trust/estate			
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____			
<input type="checkbox"/> Other (see instructions) ► _____			
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 <i>How to get a TIN</i> , later.	
Social security number [][][] - [][] - [][][][][]	or Employer identification number [][][] - [][][][][][]
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	

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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Please make checks payable to American All-Star Series. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK
Mail Checks and Forms to: 250 McVey Lane, Beaver, WV 25813