

2025 PURSE AUTHORIZATION FORM

<u>Before you can race, all information below must be completed</u>. Please provide social security numbers, USTA number, and NYS Racing & Wagering Board license numbers (license must be current). All non-US citizens must have a US social security number, otherwise they may be subject to a 30% penalty from the IRS.

NOTE: ALL HORSEMEN MUST ALSO FILL OUT A W-9 FORM IN ADDITION TO THIS FORM.

Horsemen Information (Owners, Drivers, Trainers):					
Last Name	First Name	UST	TA #	NYSR&W License #	SS# or Federal ID
Business Name (<i>IF</i>)	OU ARE AN OWNER	WITH A STABLE	PLEASE INC	LUDE THE STABLE NAME /	AND YOUR NAME)
Signature					
** IF THERE ARE	MULTIPLE OWNERS	S FOR A HORS	E, ALL OWN	IERS MUST SIGN THE A	FFIDAVIT FORM.
YOU ARE A(N):	☐ Owner	☐ Trainer	☐ Driver		
Permanent Mailing	g Address (MUST B	E COMPLETED	REGARDLE	SS OF HOW YOU RECE	VE PAYMENT!)
Name			Address		
City/State/Zip		Telephor	ne	Email Address	
Please check approp	riate box for purse ch	neck disbursemer	nt:		
☐ Mail to above ad					
Please complete, dat	te and sign this form	and <u>mail</u> , <u>fax,</u> d	or <u>email</u> to E	Batavia Downs:	
<u>Mailing add</u> Batavia Dow	dress: ons Accounting Dept.			number: 343-6873	
8315 Park R	oad .				
Batavia, NY ATTN: Hors	14020 emen Bookkeeper		Ema batav	III: riaHBS@westernotb.com	

NOTE: Batavia Downs automatically pays 5% to the drivers and trainers from the owners' winnings.



2025 AFFIDAVIT FORM FOR MULTIPLE OWNERS

Each Owner Must Sign This Affidavit:						
We acknowledge that the primary owner,, is authorized to receive all fund due to the partnership and will bear responsibility to distribute funds appropriately.						
Primary Owner Signature						
Other Owners						
Name	Signature	Date				
						
						
						