



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: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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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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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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.

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), 1098-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: _____



It is necessary to verify Maryland Residency to establish eligibility for the Maryland Owned Preference and Bonus. Horsemen will be required to provide acceptable documentation prior to May 26, 2024. Should information not be received prior to the that day, racing preferences and bonus eligibility will no longer be considered until proper documentation is received and verified. The following will be accepted as Maryland Residency Documentation:

1. Maryland State Driver's License
2. AND two of the following in your name with the matching address:
 - a. Current Real Estate Tax Bill or Residential Rental Contract
 - b. Utility, telephone, cable/satellite bill dated within the last 30 days
 - c. Credit Card or Bank Statement within the last 30 days
 - d. MD vehicle registration card or title (with residential address)
 - e. Checking, savings, financial account or collection agency communications
 - f. Mortgage account statement, deed or communication from MD
 - g. copy of federal or MD income tax bill
 - h. Mail or benefits statement from a federal, state or local agency
3. AND the Residency Affidavit

In order to verify the Horses under Maryland Ownership, the following documentation is required for horses purchased after April 1, 2024:

1. Copy of training bill sent by the trainer along with evidence of payment (cancelled check or bank statement), AND
2. Copy of blacksmith, vet, or stall bill for the horse along with evidence of payment (cancelled check or bank statement)

In order to verify the Horses under Maryland Ownership, the following documentation is required for horses purchased after April 1, 2024:

1. Copy of the Bill of Sale for the horse identifying previous and new owner along with evidence of payment (canceled check or bank statement)

Documentation may be submitted via the following methods:

1. In person to the Director of Racing @ Ocean Downs
2. Email to peter.szymanski@oceandowns.com
3. Email to admin@cloverleafsoa.org
4. Fax 410-629-6673

Please be sure to include your contact information on submissions. It is imperative that documentation be submitted prior to May 26, 2024. Bonus privileges suspended for lack of documentation will not be retroactively calculated and distributed.

Thank you for your cooperation.



AFFIDAVIT

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 (100%) at the time of declaration is a full-time resident of MD
- C) MD sired by a registered MD stallion

I hereby certify, under the penalties of perjury, that all horses programmed are owned by

(Name) _____

living at (Address) _____

is a full-time resident of the State of Maryland at the time of declaration with the standards within and in accordance with the bonus agreement in place between Ocean Downs Racetrack and the Cloverleaf Standardbred Owners Association.

Owner's(s) Signature _____ (s): _____ Date: _____

Witness: _____ Date: _____

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