

**REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION**
(Form W-9)

DMT No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SS#: _____

Home Phone: _____ Cell Phone: _____

By signing below, I certify that the number shown on this form is my correct taxpayer identification number. I understand that if I participate and win monies exceeding \$599.99 in any one calendar year from the DMT Tournaments, that I will receive a 1099 postmarked on or before January 31st of the following year. I also understand that it is my responsibility to keep Dixie Marine informed of any changes in my address. Any consequences due to my negligence in not informing Dixie Marine of my change of address, is my full responsibility.

Signature: _____ Date: _____