

2022 DRIVER PAY-OUT DISTRIBUTION FORM

ATTENTION ALL DRIVERS/OWNERS: Please be sure to complete this form.

If not completed, we will be unable to release your pay out.

DRIVE	ER'S NAME:	
Car #: _	Division:	t Stock
FOR TA	AX PURPOSES ONLY:	
given or	our Tax ID Number (TIN) on the appropriate line. The TIN provided must match the name the "NAME" line to avoid backup withholding. For individuals, this is your Social Secur (SSN). For other entities, it is your Employer Identification Number (EIN).	
correct t subject been no result of	FICATION: Under penalties of perjury, I certify that the number shown on this form is my taxpayer identification number (or I am waiting for a number to be issued to me), and I to backup withholding because: (a) I am exempt from backup withholding, or (b) I have officed by the Internal Revenue Service (IRS) that I am subject to backup withholding as f a failure to report all interest or dividends, or (c) the IRS has notified me that I am no lot backup withholding.	am not not a
	NGS WILL BE MADE PAYABLE TO: Print Legibly)	
Name or 0	Corporation Name:	
	*This should match tax filings	
Address:		
City:	State: Zip: _	
Telephone	e: <u>(</u>) Cell: <u>(</u>)	
Email:		
	Social Security #: OR	
	Federal Tax ID (EIN) #:	
SIGNATU	JRE:	
Date:		

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