

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type.  
See Specific Instructions on page 3.

|   |  |
|---|--|
| <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  |  |
| <b>2</b> Business name/disregarded entity name, if different from above   |  |
| <b>3</b> 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.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____<br><b>Notes:</b> 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.<br><br><input type="checkbox"/> Other (see instructions) ► _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><small>(Applies to accounts maintained outside the U.S.)</small> |
| <b>5</b> Address (number, street, and apt. or suite no.) See instructions.  | Requester's name and address (optional)  |
| <b>6</b> City, state, and ZIP code  |  |
| <b>7</b> 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         |  |  |  |   |  |  |   |  |  |
|                                |  |  |  | - |  |  | - |  |  |
| or                             |  |  |  |   |  |  |   |  |  |
| Employer identification number |  |  |  |   |  |  |   |  |  |
|                                |  |  |  | - |  |  |   |  |  |

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ► | Date ► |
|                  |                            |        |

Date of Birth

Cell Number

Email Address

**Main Office Bookkeepers**  
Ph: 504-945-1555 (Option 2)  
Fax: 504-910-9327  
Email: [mobk@lahbpa.org](mailto:mobk@lahbpa.org)

**Evangeline Downs Bookkeepers**  
Ph: 337-594-3129  
Fax: 337-284-3093  
Email: [evdbk@lahbpa.org](mailto:evdbk@lahbpa.org)

**Louisiana Downs Bookkeepers**  
Ph: 318-752-6555  
Fax: 318-404-1645  
Email: [ladbk@lahbpa.org](mailto:ladbk@lahbpa.org)

**Delta Downs Bookkeepers**  
Ph: 337-589-3194  
Fax: 337-419-0506  
Email: [ddbkb@lahbpa.org](mailto:ddbkb@lahbpa.org)

**Fair Grounds Bookkeepers**  
Ph: 504-948-1254  
Fax: 504-910-6189  
Email: [fgbk@lahbpa.org](mailto:fgbk@lahbpa.org)

### ALL PARTNERS (PLEASE PRINT)

(LIST ALL PARTNERS, PERCENTAGE OF OWNERSHIP, SOCIAL SECURITY NUMBER AND ADDRESS)

|                      |                   |                      |
|----------------------|-------------------|----------------------|
| NAME: (IN FULL)      | SOCIAL SECURITY # | SHARE PERCENTAGE (%) |
| MAILING ADDRESS:     | CELL NUMBER:      |                      |
| CITY, STATE, ZIPCODE | EMAIL ADDRESS:    |                      |

|                      |                   |                      |
|----------------------|-------------------|----------------------|
| NAME: (IN FULL)      | SOCIAL SECURITY # | SHARE PERCENTAGE (%) |
| MAILING ADDRESS:     | CELL NUMBER:      |                      |
| CITY, STATE, ZIPCODE | EMAIL ADDRESS:    |                      |

|                      |                   |                      |
|----------------------|-------------------|----------------------|
| NAME: (IN FULL)      | SOCIAL SECURITY # | SHARE PERCENTAGE (%) |
| MAILING ADDRESS:     | CELL NUMBER:      |                      |
| CITY, STATE, ZIPCODE | EMAIL ADDRESS:    |                      |

|                      |                   |                      |
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| NAME: (IN FULL)      | SOCIAL SECURITY # | SHARE PERCENTAGE (%) |
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|                      |                   |                      |
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| NAME: (IN FULL)      | SOCIAL SECURITY # | SHARE PERCENTAGE (%) |
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|                      |                   |                      |
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|                      |                   |                      |
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|                      |                   |                      |
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| NAME: (IN FULL)      | SOCIAL SECURITY # | SHARE PERCENTAGE (%) |
| MAILING ADDRESS:     | CELL NUMBER:      |                      |
| CITY, STATE, ZIPCODE | EMAIL ADDRESS:    |                      |

YOU MAY USE AS MANY COPIES OF THIS FORM AS NEEDED TO LIST ALL PARTNERS