



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF AGRICULTURE  
LANSING

DON KOIVISTO  
DIRECTOR

TO: MICHIGAN STANDARD BRED/THOROUGHBRED BREEDERS/OWNERS

**Enclosed please find copies of the following forms which must be properly completed as follows and returned to the Department of Agriculture in order for us to process future payments:**

**BREEDER/OWNER REGISTRATION:** Complete form. Be sure to sign form.

**PAYEE REGISTRATION:** Complete boxes 1-6 as requested.

Block 1-2: In accordance with IRS Regulations, the name and number **must** match existing IRS records.

Block 4: If the payment is to be made to additional individuals along with the name listed in box number 2, list their name(s) in box number 4, beginning on ATTN -1.

**IRS FORM W-9:** Complete in accordance with the instructions on the form. The name on the W-9 must match the name on the pay registration. If the payments are being received under an individual's social security number, please use only that individual's name on the W-9, and mark the square individual/sole proprietor even if payment is made in more than one name.

If you have **any** questions, please call me at (517) 373-9775.

**Reminder: the sooner these forms get returned to MDA, the sooner you will receive any money due to you! You may fax the copies to (517) 241-4217 Attn: Deb Holton or mail to Michigan Department of Agriculture, Attn: Deb Holton, Fairs & Racing, P.O. Box 30017, Lansing, MI 48909.**

Thank you for your cooperation.

Sincerely,

Deb Holton  
Fairs, Exposition's, and Racing

enclosure