

AMERISTAR

CASINO ★ HOTEL

GAMING ACTIVITY REPORT & W2-G REQUEST FORM

Please print all information clearly.

First Name	Middle	Last Name	
Street Address	City	State	Zip Code
Last 4 Digits of SSN	mychoice Account Number	Date of Birth (mm/dd/yyyy)	
Phone Number	Tax Year(s) Requested		
Do you request a gaming activity report?	Yes___ No___ Year(s) _____		
Do you request a copy of your W2-G(s)?	Yes___ No___ Year(s) _____		

Acknowledgment

I certify that the statements contained herein are true and correct, and hereby request that Ameristar Casino Hotel East Chicago provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play that, the Gaming Activity Report is not an accounting record and is not appropriate for income tax reporting.

Signature (Required)	Date
<i>*Notary not required if form is requested or presented in person.</i>	
State of: _____) County of: _____) ss	Acknowledged before me on this the _____ day of _____, _____
	_____ Notary (Seal)

Please complete the request form and return it to:

Ameristar Casino Hotel East Chicago
Attn: Gaming Activity Report
777 Ameristar Blvd.
East Chicago, IN 46312
Phone Number: (866) 711-4263

Preferred Delivery Method

Fax _____

Mail _____

Please Allow 2-4 Weeks for Processing Your Request.