



**WIN/LOSS STATEMENT REQUEST FORM**

Please fill out the following information entirely and return to the Players Club or mail/fax to:

Mountaineer Casino  
ATTN: Win/Loss  
PO Box 358  
Chester WV 26034  
FAX: 304-387-8363

Requests for Win/Loss Statements will be processed in the order in which they are received.  
Please allow up to 3 weeks for processing and delivery.

All Win/Loss Statements will be mailed to the address recorded on file.  
Please ensure your address and other information on your account is correct before sending in your request.

The information on this form is required for identification and security purposes.  
Incomplete forms may cause delay. All fields are required.

(All information is requested for Faster Service. Partial SS# is permitted if on file.)

Today's Date: \_\_\_\_\_ Year Requested: \_\_\_\_\_  
(Requests for Current Tax Year Will Not Be Processed until Year's End)

Players Club Card Number: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License / ID# \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Optional. For communication purposes only)

Signature: \_\_\_\_\_