

**Resorts Atlantic City  
Casino Accounting – Win/Loss  
1133 Boardwalk  
Atlantic City, NJ 08401  
Fax: 609-340-6550**

**RE: REQUEST FOR WIN/LOSS STATEMENT**

**Please provide me with a win/loss statement for year(s) \_\_\_\_\_**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Resorts Player's Card Number:** \_\_\_\_\_

I do hereby certify that the statements contained herein are true and correct and I hereby authorize Resorts Atlantic City, its Subsidiaries, Affiliates and Agents, to provide to me a win/loss statement of my gaming activity derived from my account. I understand that such information is not intended to be or take the place of my own records of any gaming activity. I agree to indemnify and hold harmless Resorts Atlantic City and its respective past, present, and future subsidiaries, agents, employees, managers, representatives, officers, directors, successors and affiliated persons, organizations and companies, from any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I, or my administrators, executors, agents, assignees, or any third party may have arising out of, relating to or as a result of this request.

\_\_\_\_\_  
**Patron Signature**

**\* \*Please note:**

**Any requests for information for the current tax year will be held until the end of that year.**