

Attention: **Casino/Revenue Audit**
7002 Arundel Mills Circle Suite 7777
Hanover, MD 21076



Identification verified by:

Team Member/ Badge #

REQUEST FOR TAX FORMS AND/OR WIN/LOSS STATEMENT

Please note that submission of this form will ensure delivery of documents selected below. Please allow up to **15 business days** for receipt via USPS, **as we are not able to email or fax tax information.** Please fill out the below Player Information completely, including your Signature and Date. If you would like the status of your request or need further information, please call our Win/Loss and W2G Hotline at 443-445-2895. *****If you are mailing in your request, please DO NOT forget to notarize the document at the bottom*****

Tax Year(s) Requested (Circle): 2012 (June to Dec) 2013 2014 2015 2016 (to present)

Check box if you would like the request held & processed at end of current tax year (January 1st, 2017)

Documents Requested: Win/Loss Statement Tax Forms (W-2G, 1099, 1042-S)

Player information:

| | | | |
|--------------------------------------------------------------------------------------------|------------|-----------------------------------------------|--------|
| Last Name | First Name | Middle Initial | Suffix |
| Date of Birth: (mm/dd/yyyy) ____/____/____ | | Players Card Number (if known): _____ | |
| Social Security Number (only if requesting copies of W-2Gs) _____ - _____ - _____ | | | |
| Driver's License # and State: _____ | | Telephone Number: (____) _____ - _____ | |

Address to mail requested documents:

| | |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ Street Address (including Apt #) or P.O. BOX _____ City, State, and Zip Code | <input type="checkbox"/> Check box if you would like to pick up your statement when it is ready. You will be called at the number given above when request has been processed. <u>***Requests not picked up within 60 days will be shredded and a new request form will be required***</u> |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Signature: _____ **Date:** ____/____/____

Notary – Certificate of Acknowledgement – (For mail in requests only)

State of _____
County of _____
On _____, before me, _____,
(Notary)
(Date)
personally appeared, _____,
(Signers)

personally known to me -- OR --
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal

(Notary signature and Seal)