



WIN/LOSS STATEMENT FORM

I REQUEST A WIN/LOSS STATE FOR TAX YEAR _____ TO BE MAILED TO ME AT THE ADDRESS BELOW.

ALL LINES MUST BE COMPLETED FOR FORM TO BE PROCESSED.

WIN/LOSS STATEMENTS WILL ONLY BE ISSUED AT THE END OF THE YEAR TO ASSIST IN THE PREPARATION OF TAXES.

PATRON NUMBER: SENECA NIAGARA CASINO & HOTEL N1: _____

SENECA BUFFALO CREEK CASINO N3: _____

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ / _____ / _____

PROVINCE/COUNTRY: _____ / _____

PHONE: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

PATRON SIGNATURE: _____

FAX OR MAIL THE COMPLETED FORM BACK TO THE FOLLOWING:

PLEASE FAX TO:

(716) 244-5847
Seneca Casinos
Attn: CASINO CONTROLLER

OR

PLEASE MAIL TO:

Seneca Allegany Casino & Hotel
Attn: CASINO CONTROLLER
777 Seneca Allegany Blvd
Salamanca, NY 14779

Once the completed form is received, please allow up to fourteen business days to receive your statement.
Please note that emailed Win/Loss statements are not available

If additional information is needed, please call:

(716) 244 - 5086

For information regarding Gambling and Income Expenses please visit:

www.IRS.gov/taxtopics/tc419.html

THANK YOU FOR CHOOSING TO PLAY AT SENECA NIAGARA CASINO & HOTEL.
WE HOPE TO SEE YOU BACK SOON!