

## W-2G, 1099 or Win/Loss Statement Request

In order for Sac and Fox Casino to release this information, each customer is required to submit a signed "W-2G, 1099 or Win/Loss Statement Request Form". Only official request forms will be accepted for processing.

Please note: The tax statement request is only available for Winner's Club Card members and those individuals who had W-2G or 1099 gambling winnings. Sac and Fox Casino does not track play that is not associated with a customer Winner's club card account. For more information regarding the claiming and filing of gambling winnings customers should contact the IRS or their tax advisor.

Name:			
Winner's Club Card #:			
Social Security #:	<del>-</del>	Date of Birth:	
Mailing Address:			(No P.O. Box, Physical only)
City/State/Zip:			
Telephone # ()		<del>-</del>	
Email:			
Please provide me with a staten	nent of my gaming activit	ty for the follow year(s	s)
Form(s) Requested: W-2G	Win/Loss Statemen	nt 🗆 109	99□
By signing below, the patron hereby releas cost, expense (including attorney's fees an Sac & Fox Casino for, from and against ar related to releasing this information. The u information which includes only the play ver- reflect the amount of the undersigned's play from a system that does not verify the iden in inputting information. I further underst intended to be or take the place of my own or imptied as to the accuracy of this inform	d costs), damages, liability or cla ny loss, cost, expense (including a materisigned acknowledges that the when the undersigned se Winner's ay since the undersigned can play utity of the person using the playe and that the information requeste t records of my gaming activity.	tims of any kind. Additionally, attorney's fees and costs), dam e information being provided s club card was connected to the when the card is not connecta re card and may include estima d is generated from internal m Sac & Fox Casino makes no re	patron hereby agrees to indemnit nages, liability or claims of any kin is based on player tracking he system, and may not accurately ed to the system, and is derived ated amounts to correct human erro larketing systems and is not
By signing below, I attest that I am the one	e and same person as the person i	dentified above.	
ACCOUNT HOLDER'S SIGNATUR	E:	Date	e:
10 10 10 10 10 10 10 10 10 10 10 10 10 1	CON CONTRACT		NEW W
1322 US Highwa Phone (785) 467-			an, KS 66527 35) 467-5001