



### Request for Duplicate Tax Form

To request a duplicate copy of your W-2G (U.S.) or 1042-S (Foreign) tax form, please **complete this form, sign it and mail to:**

Turning Stone Resort Casino  
Attention: Finance Department – Compliance Analyst  
5218 Patrick Road  
Verona, NY 13478

We will release the duplicate copy to the winner listed on the tax form either by mail to the address on record at the TS Rewards Desk (for TS Rewards cardholders) or to the address on the tax form(s) (for non-TS Rewards cardholders), or in person at the TS Rewards Desk at Turning Stone Resort Casino. We will verify that the information you list below is consistent with the information we have on file before releasing any information. **Please allow up to 10 business days to process, and additional days for delivery.**

PLEASE PRINT LEGIBLY

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ TS Rewards Number (if applicable): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_  
Driver's License Number/Passport Number: \_\_\_\_\_

**Winner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date (mm/dd/yyyy) and Location (Turning Stone Resort Casino, Yellow Brick Road Casino, SavOn PlayOn) of Win(s)

Method of Delivery:  Mail via U.S. Mail  
 Pick up at TS Rewards Desk at Turning Stone Resort Casino (Please bring your government issued photo ID)

*I hereby certify that the information contained above is true and correct, and I authorize Turning Stone Resort Casino, LLC to provide me a duplicate copy of the tax form(s) reflecting my gaming activity. In consideration of this, I agree to release and hold harmless Turning Stone Resort Casino, LLC, its parent, and affiliates and their respective directors, employees, officers, managers, affiliated persons, and representatives from any and all claims, causes of action, liabilities, costs, or damages arising from or relating to the information provided and Turning Stone Resort Casino, LLC's release of information as a result of this request.*

For Internal Use:	Received Date: _____
Completed By: _____	Badge Number: _____ Completed Date: _____
Delivery Method: <input type="checkbox"/> Mail via US Mail (Date: _____)	<input type="checkbox"/> Pick up at TS Rewards Desk (Date: _____)
Tracking # (if Mailed) _____	