



Tax Information Request Form

Name _____ / _____ / _____ **Players Club Card #** _____
Last Name First Name MI

Social Security Number _____ **Date of Birth** _____ / _____ / _____
Month Day Year

Mailing Address _____ / _____
Street Address or P.O. Box Apartment Number

City _____ **State** _____ **ZIP** _____

Telephone _____ **E-Mail if applicable** _____

Please provide me with a statement of my activity for the tax year(s): _____

The following document(s): (Please check): W2G 1099 Win/Loss Statement 1042S

If previously requested this documents, please check here

Delivery Method: Mail Casino Pick-Up

I hereby request that the Kickapoo Casinos furnish me with the requested recorded information for my personal use. I hereby hold Kickapoo Casinos harmless of any errors that may be contained within the requested document. I also understand that the figures contained within the requested document may not be indicative of my complete gaming win and or loss and is only that of which was recorded while utilizing my personal rewards card.

By signing this form I verify that I am the primary account holder. I understand that falsifying my identity is a fraudulent act and is punishable by law.

Guest Signature _____ / _____
Date

Please return this document to any Customer Service Representative or Shift Manager.

FOR OFFSITE PATRONS – ALSO USE PAGE 2 OF THE TAX INFORMATION REQUEST FORM



FOR OFFSITE PATRONS: Only you as the rewards card account holder may receive or request a Win/Loss Statement. Any Win/ Loss Statement provided to you shall be faxed or emailed to you. Your signature on the Win/Loss Statement Request must be notarized and you are required to provide a copy of a valid Government issued photo ID acceptable to Kickapoo Casinos in its sole and absolute discretion in order to receive a copy of the Win/Loss Statement.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, personally appeared before me _____ (here insert name and title of the officer) **who 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.**

I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____ Seal: