



W-2G / WIN-LOSS REQUEST FORM

(Please Print Clearly)

FIRST NAME	MIDDLE	LAST	
MAILING ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER (required for W-2G)	DATE OF BIRTH (mm/dd/yyyy)	PLAYERS CLUB NUMBER	
PHONE NUMBER	E-MAIL ADDRESS	TAX YEAR REQUESTED	

PLEASE CHECK ONE OR BOTH OF THE FOLLOWING:

- Win-Loss Statement:** A single page letter showing estimated annual play activity (win or loss) based upon observable and/or carded gaming activity. Return via E-MAIL USPS PICK-UP
- W-2G Data:** If you have won one or more jackpots exceeding \$1,200 a report summarizing these winnings is available. Return via USPS PICK-UP

Request Agreement

I certify that the statements contained herein are true and correct, and I hereby request Indian Head Casino provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play, and that the information I am requesting consists of estimates only and may not be appropriate for income tax reporting. In consideration of my receipt of this information, I agree to indemnify and hold harmless Indian Head Casino, their respective officers, directors, employees and agents from any and all claims, suits, causes of action, liabilities, costs, losses, damages and expenses (including attorney's fees and costs) which I, or my administrators, executors, agents, successors, heirs or assigns, or any third party, might have or incur as a result of, or in any way relating to, my receipt and/or use of the information.

SIGNATURE (REQUIRED FOR PROCESSING)

TODAY'S DATE

Please completely fill out the request form and return in person or mail it to:

Indian Head Casino
Attn: Players Club
PO Box 890
3236 Hwy 26
Warm Springs, OR 97761
Fax: 541-553-2501

For Internal Use Only: Please verify the information above.

Team Member Initial/Badge number _____
Date Stamp:
Deliver via:
 Email- Win/Loss ONLY
 Mail
 Pick-Up

Completion date: _____ By: _____