

Please Return form to:
 Choctaw Casino
 Attention: Cage Accounting
 1790 South Park Drive
 Broken Bow, OK 74728
 Phone: 580-584-5450
 Fax: 580-584-5427



Win/Loss or Tax Information Request Form

Name _____ / _____ <small style="text-align: center;">Last Name First Name</small>		Players Club Card # _____	
Social Security Number _____		Date of Birth _____ / _____ / _____ <small style="text-align: center;">Month Day Year</small>	
Mailing Address _____ <small style="text-align: center;">Street Address or P.O. Box</small>		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): Win/Loss Statement W2G

1099's can be requested after February 1st for the previous tax year. All requests must be sent to: Choctaw Nation of Oklahoma Finance Department Attn: Stacey Workman P.O. 1210 Durant, OK 74701

I, _____, hereby certify that the information and statements contained herein are true and correct. I hereby
 (i.e.. Jane Doe)

authorize Choctaw Casinos to provide me with the above checked statement(s). By signing below, I agree to release Choctaw Casinos, its officers, directors, associates, and agents from any loss, cost, expense (including attorney's fees and costs), damages, liability or claims of any kind. I agree to indemnify Choctaw Casinos from and against any and all suits, causes of action, liabilities, costs, losses, damages, and attorney's fees and costs which I or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.

Please provide a copy of your valid ID and your SSN (TIN) number, what applies

*If this Information is not obtained, then the request **will not** be completed*

Sites (Check all that apply-W2G's Only)

<input type="checkbox"/>	Resort	<input type="checkbox"/>	Pocola Too	<input type="checkbox"/>	Atoka	<input type="checkbox"/>	Stringtown
<input type="checkbox"/>	Durant Too	<input type="checkbox"/>	McAlester	<input type="checkbox"/>	BRD	<input type="checkbox"/>	Stringtown Too
<input type="checkbox"/>	Idabel	<input type="checkbox"/>	McAlester Too	<input type="checkbox"/>	Broken Bow	<input type="checkbox"/>	Poteau
<input type="checkbox"/>	Pocola	<input type="checkbox"/>	Grant	<input type="checkbox"/>	Broken Bow Too	<input type="checkbox"/>	Wilburton

 Casino Guest' s Authorized Signature

 Date

 Casino Associate Issuing Copies

 Date

Disclaimer

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DO NOT WRITE BELOW THIS LINE. FOR CHOCTAW CASINOS USE ONLY.

Identification Type Provided	
Social Security	<input type="checkbox"/>
W-9	<input type="checkbox"/>
Photo Identification	<input type="checkbox"/>

 Verifier's Signature and Date