

Please Return form to:
 Choctaw Casino
 Attention: Cage Accounting
 1516 US Hwy 271
 Grant, Ok 74738
 Phone: 580-326-8397
 Fax: 580-317-4257



Win/Loss or Tax Information Request Form

| | | | |
|---|--|-------------------------------------|---------------------------------|
| Name _____ / _____ | | Players Club Card # _____ | |
| <small>Last Name</small> | | <small>First Name</small> | |
| Social Security Number _____ | | Date of Birth _____ / _____ / _____ | |
| | | <small>Month</small> | <small>Day</small> |
| | | <small>Year</small> | |
| Mailing Address _____ | | | |
| <small>Street Address or P.O. Box</small> | | | <small>Apartment Number</small> |
| 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