



Gaming History Win/Loss Request Form

All requested information must be completed on this form.

PLAYER'S INFORMATION

Player's Club#

Name:

First

Middle Initial

Last

Address:

Street

Apt./Ste.#

City, State, Zip

Home Phone: ()

Alt. Phone: ()

Date of Birth: / /

Social Security Number:

REQUEST

Tax Year(s) Requested:

Form(s) Requested:

W2G Tax Forms
(copies of taxable winnings)

Win/Loss Statement

Preferred Method to Receive form(s):

Mail requested form(s) to the
address listed above.

Pick up in person at The Club

Fax to: ()

Email to: _____

The undersigned hereby authorizes Table Mountain Casino to release a written summary of the undersigned's Net W2G copies for the above said tax year(s). The undersigned hereby releases Table Mountain Casino from any liability whatsoever as a result of its release of the requested information. The undersigned further acknowledges and understands that errors, omissions and other inaccuracies may exist in the released information as a result of unexpected failures or other shortcomings of the tracking system. The undersigned agrees and warrants that he/she will not release this information to any third party for any reason whatsoever without expressed written consent of Table Mountain Casino, except that the undersigned may provide a copy of the released information to his/her tax preparer or attorney in connection with any tax professional services to be provided by such professional.

Player's Signature

Print Name

Date

SUBMIT FORM

Please allow 10 business days for processing

Mail or Fax Form to:

Table Mountain Casino Revenue Audit

8184 Table Mountain Road

Friant, CA 93626

Fax: (559) 822-3299