



W-2G/Win-Loss Request Form

FIRST NAME	MIDDLE	LAST	
MAILING ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER (required for W-2G)	PLAYERS CLUB NUMBER		DATE OF BIRTH (mm/dd/yyyy)
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.
- W-2G Data: If you have won one or more jackpots exceeding \$1,200.00 a report summarizing these winnings is available.

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)	TODAY'S DATE
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Please completely fill out the requested form and return it in person or mail 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:			
Team Member Initial	_____		
D.L.#	_____	Exp	_____
Rec'd:	_____	/Comp:	_____ By: _____
<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> P	

All requests made will be processed the Monday following their submission and mailed the following Wednesday