



# Gaming History Win/Loss Request Form

All requested information must be completed on this form.

## PLAYER'S INFORMATION

Player's Club #:

Social Security #:

Name:

First

Middle Initial

Last

Address:

Street

Apt/Ste.#

City, State, Zip

Home Phone:

Alt Phone:

Date of Birth:

Occupation:

## REQUEST

Tax Year(s) Requested:

Form(s) Requested:

Taxable Winnings Report

Win/Loss Statement

Preferred Method to Receive form(s):

Mail requested form(s) to the address listed above

Pick up in person at the Valley Sky Club

Fax to: \_\_\_\_\_

Email to: \_\_\_\_\_

The undersigned hereby authorizes Table Mountain Casino Resort 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 Resort 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 Resort, 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 TO:

Table Mountain Casino Resort  
ATTN: Revenue Audit  
777 Jackpot Lane, Frait CA 93626

PLEASE ALLOW UP TO  
10 BUSINESS DAYS  
FOR PROCESSING