

## WIN/LOSS AND W-2G/1042-S REQUEST FORM

To help us serve you better, please fill in all information:

Please Print:				
Patron Name:				
Date of Birth:/	/ SS#		<del>-</del>	
Driver's License / ID #:	Clı	ıb Card#:		
Address:				
City:	State:	Zip C	ode:	
Home Phone # ( )	Cell F	'hone # ( )		
W-2G's/1042-S' are the forms Win/Loss Statement is your ca 1099's will be sent out (only for proprior tax year.  Please mark one or both: W-	rded play for the enomo wins totaling over s	tire year. \$600/year) by the C	asino after Jan	·
Tax Year Requested:				
Please mark one: Mailed:	P	ick up in <i>i</i> viesquii	re koom:	
I hereby release Soboba Cas Agents from any and all claims further agree to indemnity and All requests must be in writing. If requested, forms will be mai then it will be mailed to addre	s arising from or rela d hold those entities . No forms will be ge led out to the addre	ting to the inforr and persons harr enerated until the	nation and i nless from a request for	its release, and any such claim. m is complete.
Patron Signature:		Date:	/	/
Please Allow 2 weeks for Proc begin January 1, of the follow for the current tax year, please	ing year. To assist u	s in providing yo	ur gaming h	nistory in time

Please note: NO forms will be given to any individual other than the party listed on the W2G/1042-S, unless that person is deceased. In that case, a death certificate copy must be presented along with proof that you are the executor of the estate, the spouse of the deceased, or a beneficiary of an estate trust.

23333 Soboba Road, P.O. Box 817, San Jacinto, CA 92581

Phone: (951) 665-1000 or Fax: (951) 665-1303