

**W-2G / WIN-LOSS REQUEST FORM**

FIRST NAME	MIDDLE	LAST	
MAILING ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER (required for W-2G) (mm/dd/yyyy)	PLAYERS CLUB NUMBER	DATE OF BIRTH	
PHONE NUMBER REQUESTED	E-MAIL ADDRESS	TAX YEAR	

PLEASE CHECK ONE OR BOTH OF THE FOLLOWING:

- ☐ Win-Loss Statement: A single page letter showing estimated play activity (wins or losses) based upon observable and/or carded gaming activity.
- ☐ W-2G Data: If you have won one or more jackpots exceeding \$1,200 a report summarizing these winnings is available.

**Request Agreement**

I certify that the statements contained herein are true and correct, and I hereby request Three Rivers 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 Three Rivers Casino Resort, 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**

Please completely fill out the request form and return it to:

Three Rivers Casino Resort  
Attn: Players Club  
5647 Hwy 126  
Florence, OR 97439  
E-mail to: bcolborn@threeriverscasino.com

Please provide your Drivers License:

D.L. # \_\_\_\_\_ Exp \_\_\_\_\_

Internal Use Only

Team Member Initial \_\_\_\_\_