

COLUSA CASINO RESORT



TAX REQUEST FORM

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

Name: _____

Date of Birth: ____/____/____ Social Security Number: _____

Driver's License / ID #: _____ Rewards Card Number: _____

Address:* _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

*If above address differs from address on file, please sign and email signed form to winloss@colusacasino.com

Signature: _____

Tax Year(s) Requested: _____

Please mark the form(s) requested:

- Win/Loss Statement:** A report that summarizes a guest's gambling activity as tracked by their Reward's Club Card.

- W2G and 1099s**

I hereby release Colusa Casino Resort and their respective: Owners, Directors, Employees, and agents from any and all claims arising from or relating to the information and its release, and further agree to indemnity and hold those entities and persons harmless from any such claim. No documents will be generated until January 31. All requests will be mailed to the address on file. If the address above is different than the address on file, you must print out this form sign it and send it back in one of two ways, (1) US Mail or (2) E-Mail to winloss@colusacasino.com. If you request to pick up your form leave a phone number and we will call you when your documents are ready. You must show a current valid government ID to pick up any documents.

Please allow 12 business days for processing. No documents will be given to any individual other than the party listed on the W2G/1099, unless that person is deceased. In that case, a certified death certificate copy must be presented along with proof that you are the executor of the estate, the spouse of the deceased, or beneficiary of an estate trust.