

Please Return form to:  
 Choctaw Casino  
 Attention: Cage Accounting  
 3400 Choctaw Rd  
 Pocola, Ok 74902  
 Phone: 918-436-7761  
 Fax: 918-436-7606



## Win/Loss or Tax Information Request Form

Name _____ / _____		Players Club Card # _____	
<small>Last Name</small>		<small>First Name</small>	
Social Security Number _____		Date of Birth _____ / _____ / _____	
<small>Month</small>		<small>Day</small>	<small>Year</small>
Mailing Address _____			
<small>Street Address or P.O. Box</small>			<small>Apartment Number</small>
City _____		State _____	Zip _____
Telephone _____		E-Mail if applicable _____ @ _____	

Please provide me with a statement of my activity for the tax year (s): \_\_\_\_\_

The following document (s): (Please Check):  Win/Loss Statement  W2G

**1099's can be requested after February 1st for the previous tax year. All requests must be sent to: Choctaw Nation of Oklahoma Finance Department Attn: Stacey Workman P.O. 1210 Durant, OK 74701**

I, \_\_\_\_\_, hereby certify that the information and statements contained herein are true and correct. I hereby  
 (i.e.. Jane Doe)

authorize Choctaw Casinos to provide me with the above checked statement(s). By signing below, I agree to release Choctaw Casinos, its officers, directors, associates, and agents from any loss, cost, expense (including attorney's fees and costs), damages, liability or claims of any kind. I agree to indemnify Choctaw Casinos from and against any and all suits, causes of action, liabilities, costs, losses, damages, and attorney's fees and costs which I or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.

**Please provide a copy of your valid ID and your SSN (TIN) number, what applies**

*If this Information is not obtained, then the request **will not** be completed*

**Sites (Check all that apply-W2G's Only)**

<input type="checkbox"/>	Resort	<input type="checkbox"/>	Pocola Too	<input type="checkbox"/>	Atoka	<input type="checkbox"/>	Stringtown
<input type="checkbox"/>	Durant Too	<input type="checkbox"/>	McAlester	<input type="checkbox"/>	BRD	<input type="checkbox"/>	Stringtown Too
<input type="checkbox"/>	Idabel	<input type="checkbox"/>	McAlester Too	<input type="checkbox"/>	Broken Bow	<input type="checkbox"/>	Poteau
<input type="checkbox"/>	Pocola	<input type="checkbox"/>	Grant	<input type="checkbox"/>	Broken Bow Too	<input type="checkbox"/>	Wilburton

\_\_\_\_\_  
 Casino Guest' s Authorized Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Casino Associate Issuing Copies

\_\_\_\_\_  
 Date

**Disclaimer**

The information contained in this transmission is intended only for the use of the recipient(s) named above. It may contain proprietary, confidential or privileged information of the sender. If you are not the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of the information contained in this transmission is strictly prohibited. If you have received this transmission in error, please notify the sender immediately by reply and delete the original message.

DO NOT WRITE BELOW THIS LINE. FOR CHOCTAW CASINOS USE ONLY.

Identification Type Provided	
Social Security	<input type="checkbox"/>
W-9	<input type="checkbox"/>
Photo Identification	<input type="checkbox"/>

\_\_\_\_\_  
 Verifier's Signature and Date